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LECTURES

ON SOME

DISEASES OF THE SKIN,

DELIVERED AT THE HÔPITAL ST. LOUIS,

BY BARON ALIBERT.

ERYSIPELAS.

(Concluded.)

Species 3.—*Œdematous Erysipelas.*

THIS species is only so far peculiar, that it takes the œdematous form at its commencement. It usually seems to be determined by the progress of another disease, and when a serous fluid flows with greater or less abundance into the cellular interstices of the skin, an event which the ancients termed "*apostasis*," M. Breschet has clearly pointed out, that the phenomena of dropsy may assume an acute character. Indeed the remark had long before been made by Schrœder. The œdematous erysipelas, as I have seen it at St. Louis, is painful, and accompanied with a reddish and rather inflamed skin. The patient feels unusually hot; phlyctenæ form, though less decidedly, it is true, than in other species of erysipelas. We have seen it sometimes supervening in the course of scurvy, and then producing livid and sanguinolent vesicles. In these cases it is that the gangrenous termination is most to be apprehended.

In characterizing the erysipelatous œdema as a species, I said that the flaccid and inelastic skin generally retained the impression of the finger; but in some cases the skin is, on the contrary, hard and resisting. I am persuaded, too, that we should connect with this species, a phenomenon which has been long an enigma to the practitioners who have observed it; I allude to the "*sclerœmia*" (or induration of the cellular tissue) of newborn infants. M. Gardien, a very able observer, was quite convinced of this. He even saw a case in which this disposition had proceeded to suppuration. M. Soubille had ingeniously enough called this disease "concrete œdema." M. Baron, and his able pupil, M. Billard, consider it also as the result of a similar phenomenon; and an author, whose name I do not remember, terms it the "indurated erysipelas" of infants. I prefer this last opinion. These are the debilitating causes which often prevent the skin of the newborn infant from establishing its equilibrium with the action of external agents. Too acutely acted on by the atmosphere and its vicissitudes, this envelope is seized by an inflammation which cannot display all its legitimate characters, from the radical weakness of the individuals attacked. We find, however, frequently enough, in this singular *sclerœmia*, all the conditions which constitute the œdematous erysipelas. In some circumstances, red or blueish spots are seen; there is dryness of the skin, impeded transpiration, occasionally desquamation of the epidermis, and, above all, accumulation of serous fluid in the cellular tissue. But no case could be more remarkable than one I had very recently in this hospital. The patient was a man ætat. 30, who was progressively attacked by a migratory affection of this kind. It commenced on the instep of the left foot, then insensibly extended along the leg and thigh. Later in the malady, different points of eczemation formed on the cutaneous periphery, and created great alarm in the patient. The two lower extremities were now, as it were, sheathed in this hardened envelope. On percussion, the sound was like that of struck ivory. The surface of the skin, moreover, was shining, and of a pale red in all the parts where the disease was commencing.

I confine myself to the succinct description of these three principal forms of erysipelas. The development of this inflammation is generally very insidious, and the opinion of the physician respecting its progress should only be given with the utmost circumspection. In fact, at the instant when, full of hope, he regards the cure as certain, unexpected accidents

often occur, and the patient who deems himself free from all danger, may succumb in the space of a few days or hours.

ETIOLOGY OF ERYSIPELAS.

In order to scrutinize rigorously the etiology of erysipelas, we must first direct our attention to the special seat of its first phenomena. We have said above, that this disease occurs and resides in the vascular substance of the skin. The small veins, above all, which creep on its surface, play an essential role in the development of the disease, if we may judge by the frequency of the phlebitis remarked before and after its appearance. Moreover, it is not astonishing that this sort of vessels should be more exposed than others to inflammatory accidents, since they are less sheltered from the activity of external and deleterious agents.

We may observe, too, that by its etiology, erysipelas associates itself perfectly with the eczematous dermatoses, and that it has all the characters which should constitute it one of the group in which we present it. In fact, it attacks by preference youths and adults, individuals endowed with a sanguine or bilious temperament, especially, too, the constitutions designated by the vulgar term "plethoric." Erysipelas often occurs as the substitute of a deficient hemorrhage, rendered necessary to the animal economy, a circumstance well recognised by Stahl and his disciples. The suppression of the menses, of hemorrhoids, of habitual perspirations, &c., are so many physiological causes which the therapeutic physician should specially appreciate. The majority of the cases owe their origin to atmospheric vicissitudes, to the burning heat of summer, the duration of a rigorous cold, &c. Certain habits of civil life, as those of the epicures who gluttonize on succulent and high food, and who abuse the consumption of spirituous liquors, contribute not a little to the production of this disease. We had in Paris once a famous gourmand, who always atoned by an erysipelas for the delight he experienced in satiating himself with Perigord truffles. Victim of an œdematous complication, this gentleman died of a relapse, and under the weight of an overwhelming obesity.

The effects of certain poisons are familiar to every one. Everything which injures the cutaneous tissues, leads to a similar eczemation. The action of an ardent sun, the emanations from virose plants, as, for example, from the *rhus toxicodendron*, the exhalations of the interior of mines, of certain caverns, the air of hospitals and prisons, when not renewed, frictions with certain rancid greases, and with old ointments, have the same result. Traumatic erysipelas is especially terrible after wounds from fire-arms, especially when the cranium and meninges are attacked. M. Dayriac has frequently seen it after burns. There are, moreover, individuals particularly threatened with this affection by the nature of their trades, such as mowers, threshers, wool-carders, smiths, hatters, masons, scavengers, and those also who continually abuse their strength in forced exercise, as huntsmen, dancers, wrestlers, &c. In this long etiology we must also place mental commotions, especially terror. On reading to a criminal his sentence of death, he was seized with an erysipelas of the face, which procured him a reprieve for forty days.

TREATMENT OF ERYSIPELAS.

Those who wish to cure erysipelas, should direct their particular attention to its special character, they should inquire into its causes, its nature, and complications. Many physicians direct bleeding, and always have recourse to it when the fever is violent, the pulse hard and full, the face red and flushed, the individual robust and vigorous, of athletic stature, and when there is any exaltation of his physical or moral force. If the first emission do not succeed, the operation should be repeated. All superficial inflammations are dissipated with sufficient promptness by the application of leeches. The celebrated Professor Chaussier directed them to be applied to the interior of the nasal fossæ. A very efficacious mode is, to pursue the migratory erysipelas in this manner. When the malady attacks the head, leeches are had recourse to, in order to evacuate the jugular veins. Nevertheless, if the strength languish, if the arteries be feeble, if there be a scorbutic complication, signs of œdema, and neither heat nor redness, we must act in a different manner, for by the means named we shall only augment the prostration of the patient.

Emetics are important agents in the treatment of erysipelas. In fact, all observers attest that this eruption is often owing to the bad state of the primæ viæ. Everything at least points out, that in many cases it coincides with an excess of bile. Desault continually inculcated this lesson in the Hôtel Dieu of Paris. Stoll proclaimed it also in the memorable school of Vienna, and it is repeated in the works of our best masters. Tartar emetic should be administered, sometimes by the mouth, in order to evacuate the stomach,

and sometimes in injection, in order to excite the whole intestinal canal. The medicine should be seconded by light vegetable broths, containing some neutral salts, by the employment of acids, barley tisans, gooseberry or strawberry water. In the burning climate of the Antilles, where erysipelas rages with its utmost fury, the pulpy decoction of the tamarind, and the tisans of ananas, and of oranges or lemons, are particularly used.

To allude to the external means, the value of soothing cataplasms and emollient applications is well known. In the phlegmonous erysipelas we frequently require the surgeon's assistance for the practice of suitable incisions, especially when the sub-aponeurotic cellular tissue is strangulated. The ingenious Theden formerly proposed circular compression, in order to arrest the purulent infiltrations, and he executed this compression so as to moderate, but not to intercept completely, the circulation of the fluid, and to retain the bandage uniformly tight. M. Velpeau has lately written with much judgment on the utility of the compressing bandage, in the phlegmonous variety. He thinks it should be employed before the suppuration is completely established. He regards the proceeding as specially successful, but its application requires method and manual dexterity. In the diffuse inflammation of the limbs, we may compare this plan to the precautions taken to extinguish a conflagration, by cutting off the point to which it is about to extend.

A short time since another kind of treatment was recommended for arresting the march of erysipelas. Mr. John Higginbotham, of Nottingham, applies nitrate of silver to the inflamed skin. He cites cases in which he has neutralized, so to speak, the disease in its debut, and also moderated the accidents it subsequently occasions. The utility of artificial irritation has long since been recognised in practice. It is often a certain mode of turning nature aside from the fatal paths it is pursuing. This application of the nitrate of silver has, moreover, the important advantage of fixing the erysipelas, which is the most wandering of inflammations. Blisters, and all "attractive" methods, render, besides, this most useful service,—that they can remedy the retrocessions, or prevent the fatal metastases of this disease. The excitement they determine sometimes suffices to rescue the patient from the most imminent peril. They are particularly advantageous when the membranes of the brain are either attacked or threatened—when furious delirium or lethargic stupor supervenes. Every movement effected, under these circumstances, from within outwards, is soon followed by recovery.

But this disease, which at first sight appears so simple, may become an exhaustless topic for meditation. It is frequently a masked, a fugitive affection, a symptom, or a critical event in certain epidemics in some atmospheric constitutions, and then sometimes terminating in a coryza, in a pulmonary catarrh, in a menstrual or in a bilious discharge. However this be, we must endeavour always to restrict it to the skin, to keep it distant from the centre, from the seat of the principal viscera of organization. Different topics have been proposed with a view to moderate the irritation it produces, but they must be used with extreme caution. Emollient cataplasms are, however, strongly indicated. The celebrated Fabricius ab Aquapendente rejected all the pretended resolvents, which might produce a contrary effect. Hot-baths are advantageous, since they manifestly dispose the inflamed skin to diaphoresis, but it would be madness to propose cold-baths, which have indeed already sent many victims to the grave, since medical men have been so imprudent as to employ them. I once saw a dreadful case of this kind. That cited by Hagendorn is already known; the patient was a woman, who, to relieve herself from a burning sensation in her cheeks, covered them with cloths steeped in cold water, and very quickly died of phrenitis. All astringents are attended with analogous inconvenience, and are justly repudiated.

Moreover, erysipelas is one of those morbid states which reclaim a provident system of treatment, for the disease often degenerates into habit, and becomes subject to frequent returns. During the reign of the astrologers, erysipelas was placed under the influence of certain constellations,—a superstitious idea, founded on its greater prevalence in some families than in others. Purgatives were then prescribed at particular seasons of the year, and bleeding was practised, especially at the equinoctial periods. This proceeding may certainly suit the individuals who became erysipelatous, because, to use the expression of the ancients, they are "overcome by their own blood," and they are compared, by Galen, to barrels bursting from the abundance of the must which *ferments* within them. Whatever, in fine, be the means employed to prevent an affection which may invade all the system, a physiological practitioner will never forget that the skin and internal organs should correspond, and necessarily sympathise in the normal action of their reciprocal functions.

CLINICAL LECTURES ON SURGERY,

DELIVERED AT THE

HOTEL DIEU, PARIS,

BY

M. LE BARON DUPUYTREN,

During the present Session, 1833.

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ON ACCIDENTS TO THE VERTEBRÆ, AND ON THE DISEASES WHICH SIMULATE THAT SPECIES OF LUXATION.

GENTLEMEN, displacements of the bones have been so well observed, and they have been described with such accuracy, that one might imagine we should content ourselves for the future with the facts which have been collected, and the principles which have been established by authors; yet in this, as in every other branch of science, the true limits of knowledge are only perceived when we have succeeded in overcoming the obstacles which escape the notice of a common observer. The articulations of the vertebræ have always appeared little liable to those luxations which are so often noticed in articulations where surfaces are contiguous and motions extensive; and if we except luxations of the first from the second cervical vertebra, these accidents have either not been observed, or have been exclusively denied by the greater number of authors.*

Many ancient authors have, indeed, spoken of such displacements, but as they were unable to add to their observations the results of the examination of the dead body, their opinions cannot be of great weight, and have, in fact, been disregarded. It has only been since the study of pathological anatomy has permitted us to connect the effects of disease with their causes that the possibility of these luxations has been admitted. In truth the number and force of the ligaments which unite these bones, the direction of their articular processes, nearly vertical, or at most slightly oblique, the dove-tailing, as it were, of the superior and inferior apophyses, the extensive surface by which the bones touch each other, and their slight mobility, ought at least to render this dislocation difficult; and if to these considerations we add the facility with which the bodies of the vertebræ give way in consequence of any violence to the vertebral column, we shall not be astonished at the opinion adopted by most modern surgeons on this subject. The disposition of the articular processes opposes great obstacles to the luxation of the vetebræ. However, the 3rd observation which I will shortly relate to you is sufficient to prove that dislocation may take place independent of any fracture of these processes, which in cases 1 and 2 manifestly favoured the displacement of the bones.

These reflections are peculiarly applicable to the dorsal and lumbar vetebræ, whose bodies are much larger than the others, while the articular processes extend vertically in the direction where the motion of the part is most extensive and frequent. Hence most practitioners of the present day assert, that luxations of the lumbar or dorsal vertebræ,—characterised by a sudden angular curve of the column, with or without paralysis of the lower extremities, and arising from some external violence, as a blow, a fall, &c., from which the patient may recover, always presenting the marks of displacement,—most surgeons, I say, assert these to be cases of fracture.

However, if authors reject luxations of the bodies of vertebræ, they admit those of the articular processes, and particularly of the atlas with the axis. In order to understand more particularly the mechanism of this latter luxation, I shall give you a brief description of the connexion and relations of these two vertebræ. The atlas is articulated to the axis by its anterior arch, and by two lateral surfaces, large and nearly flat, which correspond to three articular processes of the other vertebræ. These join two similar articular surfaces of the axis. The two bones are, moreover, united by a capsular ligament, and by a transverse ligament, which completes the ring destined to receive the odontoid process. This union is not very intimate, and the bones would be extremely liable to dis-

* The Baron has here fallen into a strange error, at least as far as English surgery is concerned. True luxations of the cervical vertebræ have been frequently observed in the great hospitals of London, and several cases have been published in this journal. We have ourselves had occasion to observe two examples of cervical dislocation, and in one the autopsy, which was made with great care, confirmed the prognosis. The dislocation existed between the fifth and sixth vertebræ of the neck, and if our memory of other cases do not fail us, this is the point where luxation has been most frequently noticed.—ED. L.

location, were it not for the presence of the moderator ligaments, which extend from the axis to the occipital bone, the action of which is also strengthened by the accessory ligament, and by the continuation of the posterior common ligament of the vertebræ over the back of the odontoid process to the basilar apophysis. It is this apparatus which gives solidity to the articulation,—which moderates the extent of rotation within proper bounds,—and which, by its elasticity, prevents the motion of flexion from being confined solely to these two vertebræ. Luxation of the atlas from the axis may be produced during a violent flexion of the head, or in consequence of a forced rotation; and being always more or less accompanied with laceration of the spinal marrow from pressure of the odontoid process and body of the axis, is immediately mortal. The cases of cure which we find related in some works, were certainly cases of luxation confined to the articular processes of some of the cervical vertebræ. Luxation of the cervical vertebræ below the axis, is commonly limited to one of the articular processes; it is often produced by a sudden jerk of the head, when a person desires to look behind him; it has also occurred in children when they turn heels over head. The neck being too weak to support the weight of the body, gives way on either side, and the articular process is removed from its place. The reduction of this kind of luxation is not unattended with danger, and the patient has often been destroyed by the compression or extension of the spinal marrow, which necessarily result from the attempts made to restore the bones. Radel once saw a child perish during the efforts made to accomplish this reduction. Hence at present we are generally content to abandon the disease to itself. The pains disappear gradually, but the position of the head remains changed ever afterwards.

These details are necessary, Gentlemen, to make you understand the diagnosis of false luxations of the vertebræ, of which I shall relate you several examples at the conclusion of this lecture. Meanwhile I shall lay before you some cases of luxation of the bodies of the vertebræ.

Case 1.—*Laceration of the Ligaments connected with the body of the Vertebra, without displacement.*

A man, 50 years of age, remained near a wagon, in a stooping posture, with the head and neck inclined forwards, while another individual placed on his back a quarter of beef; but the mass unfortunately fell from the hands of the assistant on the butcher's neck, and brought him to the ground. He was at once carried to the Hôtel Dieu, where I saw him the next morning. Sensation and motion were lost in all the lower part of the body. The posterior and lower part of the neck, which was painful to the touch, and, on the slightest movement, presented a large ecchymosis without swelling, and we could distinguish at this place a manifest crepitation, when the patient's head was turned or raised. Motion and sensation were lost in the arm, chest, abdomen, and lower extremities; there were also paralysis of the bladder, and retention of urine; the diaphragm, and muscles of the face and neck, were the only ones capable of motion; respiration was difficult, but the voice was barely altered. In this state the patient remained for three or four days, at which time the breathing became suddenly difficult, laborious, and embarrassed, the pulse irregular, the eyes prominent, the skin red and livid, and the patient died with all the symptoms of suffocation. On examining the body, we found a large ecchymosis round the last cervical vertebra; the intervertebral substance, which united the fifth and sixth vertebræ, was completely torn through, but the bodies of the bones were uninjured. The transverse, articular, and spinous processes of the fifth, sixth, and seventh cervical vertebræ, were broken, and the superior portion of the cervical column might be displaced at will from the inferior. The spinal marrow, at first sight, seemed uninjured, appearing merely a little more voluminous than natural; but when divided, we found the centre reduced to a putrid mass, and mixed with decomposed blood.

Case 2.—*Rupture of the Ligaments of the Body of the Vertebra, with Displacement.*

A man, from 40 to 45 years of age, a workman in a quarry, was struck by a mass of earth on the loins, while the body was inclined forwards; the patient was, at first, carried home, where he remained three days without sensation or motion of the inferior part of the body; on the fourth day he was brought here; the superior part of the loins presented a large tumour, soft at the edges, but elevated and hard in the centre, where we felt a manifest crepitation. On examining the abdomen, we found another tumour, hard at every point, and extending in the line of the vertebral column. The length of the abdomen was clearly reduced, and the base of the chest nearly touched the crystæ of the ilium. The parietes of the abdomen, and the lower extremities, had lost all motion and sensation; the urine

dribbled from the bladder, which was also paralysed and distended; the feces were retained, and the belly was large, though soft; the pulse small and hard; the respiration hard and difficult. The patient complained of dull pain in the dorsal region; the intellectual faculties were unaltered. The tumour of the loins and abdomen, the crepitation which we heard behind, the approximation of the chest and pelvis, the paralysis of the lower limbs, all these symptoms indicated a solution of continuity in the vertebral column, with displacement. On the fifth and sixth days of the accident, the paralysis extended to the left arm, while the motions of the right arm became slow and uncertain. On the seventh the respiration was more difficult, and was carried on only by the diaphragm, and at length the patient sunk under the successive interruptions of the phenomena of respiration. On examining the body, we found the transverse and articular processes of the last dorsal, and of the two first lumbar vertebræ, broken off; the body of the last dorsal and first lumbar vertebræ detached from their processes, and from the body of the second lumbar vertebra, had passed before this latter, and projected more than an inch; the spinal marrow and pillars of the diaphragm were lacerated, and a large ecchymosis enveloped the whole circumference of the column. An attentive examination of the displaced vertebræ, showed, not a fracture of their bodies, but a laceration of their intervertebral substance, which at one corner had torn away with it a scale from the vertebra.

Case 3.—*Extensive Laceration and Rupture of Intervertebral Ligaments, and simple Luxation.*

A woman, fifty-five years of age, very tall and robust, while descending a staircase in the evening, made a false step, and fell violently on the back part of the neck, which struck on the edge of the stair; the parts below the injured point were immediately deprived of motion and sensation. The patient experienced great pain during the night, and was tormented by a burning thirst. The next morning, when carried to the Hôtel Dieu, she felt excessive pain in the neck, which was increased on the slightest touch or motion of the part. The head and neck were inclined forwards and on one side, the posterior part of the neck was depressed, and the upper portion of the dorsal region was prominent. The lower extremities were totally deprived of sensibility, and the rectum and bladder paralysed. The upper extremities were also paralysed; the respiration was laborious and frequent, but the voice, senses, motions of the face, and the intellect, were untouched. The pulse was full and soft, the tongue dry and brown, and the skin healthy, as far as regarded vital heat and exhalation. From these symptoms it was easy to diagnosticate some severe injury of the spinal marrow, caused by a solution of continuity of the vertebræ, with displacement. The patient was bled, and at 4 o'clock in the evening the respiration seemed improved, the thirst diminished, and the tongue less dry; however, the speedy death of the patient was not the less certain; in fact, the next night the respiration became stertorous, the expression by voice difficult, the face livid, and the woman died in the full possession of her intellectual faculties, thirty-four hours after the accident.

Autopsy.—After death we found effusion of blood at the posterior part of the neck, a projection backwards of the superior portion of the dorsal vertebræ, and a depression of the cervical at the same point. The cellular tissue and muscles in the neighbourhood were bathed in blood; the parts lying immediately on the vertebral column were destroyed, and exposed the articular processes of the seventh cervical vertebra, while the sixth cervical vertebra was pushed at least half an inch in front of the last one. The spinal marrow could be seen in the interval of these two bones, stretching from behind forwards, flattened and compressed against the body of the seventh cervical vertebra. The vertebral column, when examined in front, presented a remarkable projection of the whole thickness of the sixth cervical vertebra, which was enveloped in blood; the anterior common ligament was lacerated, and the pharynx torn through. The cervical portion of the column being detached with great care, we found the ligamenta plana, the anterior and posterior common ligaments, and the substance uniting the sixth and seventh vertebræ of the neck, torn through; it was lacerated in such a manner, that two-thirds of its substance remained adherent to the seventh vertebra. When the displaced vertebræ were examined with attention, we found the seventh entire, but the tips of the spinous and inferior articular processes of the sixth were slightly injured. All the articulations of the cervical vertebræ below the luxation, were in their natural state, but that of the seventh cervical, with the first dorsal, was much more moveable than it usually is.

Remarks on the foregoing Cases.

Of these three cases, Gentlemen, the first appears an example of laceration of

all the ligaments of the vertebræ, and of fracture of their articular processes without displacement; the second is an example of the injury, followed by displacement; the third is an example of simple luxation, without any fracture of any portion of the bone. In the three cases the vertebral column was surprised in a state of tension, which was even augmented at the time of the accident; the parts suffered not only distention but concussion, and the determining cause was some violent action exercised on the posterior part of the vertebral column. In all, the intervertebral substance was torn through, and the bodies of the vertebræ were untouched; but, in the two first cases, the transverse and articular processes were broken off. In the first case, the power acting on the vertebral column does not seem to have had enough of force to cause displacement; in the second, it produced laceration of the ligaments, fracture of the processes, and an enormous displacement of the thickest part of the vertebral column; finally, in the last example the violence was so great as to destroy all the ligamentous substances, and to cause a considerable displacement of the bones. In all the three the injury done to the spinal marrow constituted the severest part of the affection; every portion of the body situated below the lesion was equally struck with paralysis, notwithstanding the great difference of the injury in the several cases; finally, in all, the affection, which was at first confined to the parts below the luxation, soon extended to the origin of the phrenic nerves; the respiration, up to that time carried on without any great difficulty, became suddenly laborious, and the patients died from the successive suspension of the phenomena of respiration. This quick termination of the disease is constantly observed where the lesion of the spinal marrow takes place above the origin of the phrenic nerves, while life may be prolonged for a greater or less length of time when the injury is situate below this origin.

Thus, Gentlemen, we find the doctrine established by authors, viz., that luxation of the bodies of the vertebræ is impossible, overthrown; besides, if it were necessary to adduce any stronger proofs than those which I have given you, I would refer you to the collections of the School of Medicine and Garden of Plants; there you will find new facts in support of those which I have just related to you.

Having pointed out the symptoms which indicate luxation of the vertebræ, the disorders accompanying those solutions of continuity, and having also drawn your attention to the obscurities and difficulty of the diagnosis, it may not be useless to say a few words on a disease which resembles so strongly luxation of the vertebræ, as to have often deceived the most skilful practitioners.

CASE I.—*Rheumatismal Affection, simulating a Luxation of Cervical Vertebræ.*

A child, 15 years of age, was brought to our morning consultation on the 30th of last January, by several surgeons, who believed him to be affected with a luxation of the first cervical vertebræ from the second. The history of the case was as follows. The boy, in endeavouring to take off his shirt ten days ago, made a violent movement, and at the same time experienced a severe pain in the cervical region, and heard a manifest cracking in the part. His head inclined to the left side, remained in that position, and could not execute any movement. The surgeons who were called in pronounced a dislocation of the first upon the second cervical vertebræ; but as the case seemed obscure and dangerous, they advised the parents to bring him to the Hôtel Dieu. Upon examination, I found the head strongly inclined to the left, and the spinous processes of the superior vertebræ prominent; the neck was rounded off on the opposite side. He experienced severe pain, which was increased on any attempt to redress the position of the head; he also complained of a numbness and lancinating pain in the left arm and shoulder, deglutition was difficult, and he could neither bend nor turn the head, which remained inflexible on the trunk.

A great number of surgeons and most of the pupils were of opinion that dislocation had taken place; but I was induced to differ from them, and to incline to the belief that the disease consisted in a rheumatismal affection of these parts, not in a displacement of the bones; however, as the reasons in favour of a luxation are not few, I think it right to explain to you why I adopted an opposite opinion. I have often seen, in individuals affected with rheumatism, a severe pain of the neck come on after some effort, and the morbific principle, hitherto erratic, fix itself in this part of the body. Thus some individuals, while dressing, are suddenly seized with a severe pain in the calf of the leg, which certainly does not depend on the rupture of the tendon of the plantaris, and which absolutely prevents them from walking for two or three days. These pains occasionally cease, and pass off to some other part of the body. Other people again, in getting into a coach, will ex-

perience a sudden pain in the loins and lumbar mass of muscles,—pain so very severe, that they immediately go home in a state of alarm, as if they had received a violent stroke of a stick or a thrust of a sword.

The reason why I am inclined to admit the existence of a similar cause in this way is, because he is a wine merchant's boy, obliged to descend every day into the cellar, where he remains for a long time, and, moreover, because he has had before several rheumatismal pains. We in consequence ordered him to be cupped on the left side of the neck. The next morning the improvement in the patient was really astonishing, and a person who had not seen him the day before, would not have believed that he could have presented the symptoms we have described. Although the neck was a little stretched, and slightly deviated to the left, the patient could flex and extend the limb, bend it laterally, or twist it on the neck. It is essential for you to remark, that no attempt had been made at reduction, and yet the numbness of the right arm was gone. We immediately applied warm poultices and other emollients to the neck, and fifteen days after the accident you saw this youth freed from every trace of the affection.

CASE 2.—*Distention and Engorgement of the Intervertebral Ligaments.*

A man entered the Hôtel Dieu for a pain which he experienced in the cervical region. He pretended that he had received, during the three days of July, a stroke of a carabine on the neck; but he also acknowledged, that a few months before, he had injured himself by a fall, after which he felt a severe pain, but he continued to work. On his entering the hospital, the neck presented a convexity behind, and a concavity in front, which changed its form considerably. The superior part of the cervical column was so prominent, that we could readily distinguish the spinous processes. He could not execute any rotation of the head, and when he attempted to look behind him, you would say the head was soldered on the trunk. Pain was felt, especially on attempting any sudden motion. This disease was aggravated by the patient's occupation. The uniting ligaments of the vertebræ became engorged. A single extraction of blood by cupping-glasses was attended with much benefit: they were applied a second time to the opposite side without the same good results. A moxa was then placed on the neck, and this gave such relief, that the patient himself demanded the repetition of the remedy. I have no doubt but that these means will effect a cure; in fact he has now no pain, and can execute easily several movements of the head.

CASE 3.—*Disease of the Vertebræ (?) simulating or threatening Luxation.*

An old man, 60 years of age, presented himself a few days ago at the morning consultation, with an affection of the vertebral column, which at first simulated a luxation in this patient. The cervical column was deformed, being concave in front and convex behind. There was also such a stiffness, that motion was impossible, and we also remarked a curvature of the spine, accompanied with pain on the least motion, and immobility of the articulations. Hence we judged the ligaments of the cervical vertebræ were so far discased, that a spontaneous luxation was to be apprehended. Leeches and emollient cataplasms were applied, and two moxæ were placed on either side of the gibbosity. These means, simple as they were, were accompanied by a good deal of improvement; the patient could execute some movements of the head to right and left; but it is clear that a long time must elapse before we can expect to accomplish a radical cure.

OBSERVATIONS ON

DR. HOPE'S EXPOSITION

OF THE SOUNDS, IMPULSE AND RYTHM OF

THE HEART.

By E. L. BRYAN, *Esq., Surgeon, Stowmarket.*

ALTHOUGH the above distinguished author's opinions on the motions of the heart, and the causes of its sounds and impulse, are very generally received; and, from their having been adopted by the learned editor of the Dictionary of Practical Medicine, and promulgated in the Cyclopædia, they have acquired great weight and authority; I have, for various reasons, been induced to question their correctness, and submit the following observations to the consideration of the readers of THE LANCET.

On the causes of the sounds, Dr. Hope remarks:—"All the phenomena of the heart's "action, both in health and disease, lead "me to believe that the sounds are pro-"duced by the motions of the contained "fluid, and the mechanism of their pro-"duction I conceive to be, according to "the laws of physics, as follows. When

"the ventricles contract, an impulse is "given to the particles of fluid in contact "with them; and this being propagated "by collision from particle to particle "generates sound. This irregularity of "the interior surface is calculated to favour "this formation of sound; for, on the very "first contractile movement, the stratum "of fluid next to the surface, and involved "in the sinuosities of the columnæ car-"næ, is thrown into an infinity of con-"flicting currents; whence the collision "of particles is more extensive and vio-"lent than if it were occasioned merely "by a simple direct impulse. It will be "understood that these conflicting cur-"rents do not neutralize each other by "reciprocal reaction, because, as the "blood finds egress by the arterial orifices, "the reaction is not equal. If the con-"traction be gradual, the sound will, for "obvious reasons, be subdued and pro-"longed; and if it be sudden, the sound "will be proportionably short, loud, and "clear. While this is going on at the "surface of the fluid, the central mass is "tending toward the aortic and pulmo-"nary apertures, and as its current is "compounded of a multitude of conflicting "streams, reflected on every side from the "ventricular walls, and converging to-"wards the orifices, the vibratory collision "thus occasioned amongst the particles of "blood occasions sound."

If the first sound of the heart be thus produced, it should last with the duration of the conflicting currents and streams, i. e. during the time occupied by the ventricles in contracting, or, according to Dr. Hope, half the time of one beat, which is not the case.

If, on the very first contractile movement of the ventricles, the blood be thrown into a number of streams, must not these streams be first directed toward the mitral and tricuspid valves, and close them before they can make their way into the arteries? And, according to the common laws of physics, would not those streams close the valves with sufficient force and quickness to make them vibrate and produce sound? In accordance however with the physics of Dr. Hope, the primary directions of the streams must be suddenly changed by the closed valves, which must reflect, resolve into new streams, concuss, split, and multiply them, *ad infinitum*. Should Dr. Hope have left unnoticed the closure of the valves, when entering into a minute detail of the currents and streams which, in his opinion, produce the first sounds?

The assumption that the collision of conflicting currents in the blood would occasion sound, has, thus far, been granted. Dr. Hope is of opinion that it is in accordance with the laws of physics, but he has left his reader totally in the dark as to his authority on the subject of acoustics, mentions none of the laws referred to, and adduces no parallel phenomena to support his views. I shall not attempt a regular refutation of this opinion; but content myself with offering an explanation of the first sound, founded on a simple law of physics, examples of which are so frequently before us as to have rendered it familiar to every one.

Any flexible solid, suddenly brought from a state of relaxation to a state of tension, vibrates, and its vibrations are sonorous or not, i. e. audible or not, according to its physical structure.

At the commencement of the systole of the ventricles, their auricular valves are flapped into play, and at the instant of their closure, the whole substance of the ventricles, and the valves, are suddenly brought to a state of tension, and then consequently, vibrate. I leave it to the reader to determine, according to the laws of physics, whether the vibrations of the valves, floating freely in fluid, or of the muscular substance of the ventricles, trammelled by the contact of surrounding solids, would most contribute to the formation of the first sound.

The blood, it is true, in common with everything else in contact with a vibrating solid, would take on the vibrations originating in that solid, or, in other words, would conduct the sound; but there is a vast difference between *conducting* and *forming* sound. Anything would conduct the sound of the fiddle-string of a violin; but the string only would produce it. Would it be said of the string, that it caused currents and conflicting streams in the air, and that their collision generated sound? The abnormal sounds of the heart, also, Dr. Hope attributes to the motions of the blood. It is true they arise from the motions of the blood, but not, I conceive, from the collision of its streams, as Dr. Hope supposes, but simply in accordance with the well-known law, that no fluid can pass over the surface of a solid, with a certain velocity, without producing sonorous vibrations in that solid; and as the nature of the sound is determined by the physical structure of the solid, the sound is attributed to the vibrations of the solid and not to the collision of the streams of the fluid; but not only does the sound depend upon the nature of the surface but upon its attachments also; *cæteris paribus*, if the surface be fixed, the vibrations are fine and the sound smooth; if loose, the vibrations are

more extensive, and the sounds louder and less smooth.

On the second sound Dr. Hope writes:—

"When the diastole takes place, the "blood shoots with instantaneous velocity "from the auricles into the ventricles, "and the reaction of the ventricular walls "on its particles, when their course is ab- "ruptly arrested by the completion of the "diastole, is, I conceive, the cause of the "loud, clear, and brief sound."

If this were the case, the auricles, by their contraction, which occurs after the second sound, could not throw any additional portion of blood into the ventricles, when they had just been distended to such an extent as to cause their strained tissue to react on their contents with a force sufficiently strong and instantaneous to produce the second sound. And if it be the sudden concussion of the blood by the surface of a solid suddenly made tense, that produces the second sound. Why not attribute the sound to the semilunar valves, on the arterial aspect of which, this phenomenon of concussion takes place with much greater intensity? Dr. Hope assumes, without proof, that certain phenomena do take place, and produce sound; while, to exactly similar phenomena, which it is well known must take place, he attributes no sound whatever.

All that Dr. Hope advances against the opinion that the second sound is produced by the semilunar valves, I here give in his own words:—

"That it was not ascribable to the re- "trocession of the semilunar valves, I en- "tertained a strong presumption, from "having found the sound unimpaired, "though the valves on one side of the "heart at least were rigid with ossifica- "tion; and the presumption amounted "almost to certainty, from my having "found the sound not only undiminished, "but increased, in cases of enormous dila- "tation of both ventricles, in which it was "impossible the cavities could ever empty "themselves; and where, consequently, "the motion of the valves must have been "impeded by the constant pressure of "fluid on both sides."

With regard to the first of these objections, the ossification of one valve could not impair the action of the other, and, whilst lessening slightly the intensity of the sound, would add to its clearness. On the second objection I have only to observe, that the semilunar valves would act most freely with fluid on both sides, and were the pressure such as Dr. Hope assumes it to be, it would entirely overthrow his own opinion on the subject: for if, at the instant of cessation from contraction, a dilated ventricle helps up considerable and constant pressure upon its contents, how can the blood flow into them, from the auricles, with sufficient freedom and velocity to concuss the walls of the ventricles in such a manner as to produce a clear, loud, second sound? If the pressure of a dilated ventricle be sufficient to trammel the action of the arterial valves, which are acted upon by the maximum force of the circulation, i. e. that of the arteries, how can the same cavity be dilated by a minimum force, that of the auricles or veins? Of the mitral and tricuspid valves, Dr. Hope observes, that they were sometimes, one or both, so diseased, as to have been incapable of acting, while the first sound remained audible. Were only one valve, or even a portion of a valve, in such a state that it might be flapped into tension, it would produce an audible sound. This objection is not valid, unless it be found that in cases where both valves have been so extensively diseased as to have prevented their action, the first sound has existed. Of such a state of the valves, the thirty-one cases of disease of the heart detailed by Dr. Hope afford but one example. The stethoscopic signs and state of the heart were as follows:—

"*Case* 18.—Sounds.—*The first was a very* "*loud filing murmur*, or that of obscured "and subdued sawing; it commenced "abruptly with a flap. The second sound, "short and flat, was so weak as scarcely "to be audible. *It concluded the first* "*murmur*. The same sounds existed on "both sides of the heart, but were more "subdued and indistinct on the left.

"*Autopsy.*—The heart was nearly twice "its natural size. Right auricle and ven- "tricle much dilated; the latter larger "than an orange. Parietes of both of "natural thickness, but the ventricular "columnæ carneæ enlarged. Muscular "substance firm but pale.

"*Left Ventricle.*—Its cavity enlarged to "the size of a goose's egg. Walls of a "natural thickness, but pale, flaccid, and "easily lacerable. Tricuspid valve an un- "even thick cartilaginous ring, which ad- "mitted the middle-finger. Mitral valve "was a similar ring admitting the end of "the little-finger. Pulmonic and aortic "valves natural."

Dr. Hope remarks on this case, that "the filing murmur proceeded from re- "gurgitation into the auricles." This observation is quite correct, I conceive; but why was the true first sound of the heart absent, when it ought, according to Dr. Hope, to have been loud, smart, and clear? Simply, I believe, because the mitral and tricuspid valves were not in a state to produce it. With regard to the

second sound; if it were produced, as Dr. Hope affirms, by the diastole of the ventricles; how could it terminate, *i. e.* follow, without any interval, a filing murmur produced by regurgitation into the auricles? In such a case the blood must change its course, return through contracted orifices into the ventricles, and dilate them, so as to leave no interval between the sound of regurgitation, and the sound occurring at the completion of the diastole; consequently, in the above case, the diastole of the ventricles was an act without duration, or the opinions of Dr. Hope on the second sound are incorrect.

The Impulse.—Dr. Hope assumes that the aorta and pulmonary artery are the fixed points to which the fibres of the ventricles tend, during their systole; and conceives that the tense and rounded body of the ventricles is for this reason drawn upon the auricles behind; that, consequently, the apex is tilted forward; and that, in proportion as the ventricles contract to their extreme, the apex is thrown more and more forward by the auricular distention advancing in the same progression to its extreme.

This explanation of the impulse implies imperfection in the mechanism of the heart; for if, when the ventricles contract, they make pressure on the auricles, the former must waste a portion of their power in impeding the action of the latter. But is it at all certain that the arterial orifices are the fixed points to which the fibres of the ventricles tend? If these parts be examined, it will be observed that they are constructed so as to allow of motion. The impulse is not always produced by the apex. When, from effusion into the left cavity of the thorax, the heart is displaced, the impulse is felt to the right of the sternum, far from the apex, while the true impulse is absent. Nor would this movement, in excess, answer to the impulse of hypertrophy, or account for the impulse at the epigastrium, where it is frequently observed.

On the duration of the different actions of the heart, Dr. Hope writes:—"This is "the same as indicated by Laennec. The "ventricular systole occupies half the "time, or thereabout, of a whole beat.

"The ventricular diastole occupies one-"fourth, or at most one-third.

"The interval of repose occupies one-"fourth, or rather less."

It must here be remembered, that, according to Dr. Hope, the systole of the ventricles commences with the first sound, and their diastole terminates at the second sound; therefore the first sound and first interval include the time in which the two actions of the ventricles take place; consequently, if Dr. Hope be correct, the first sound and first interval should occupy three-fourths of the time of one beat, and the second sound and interval the remaining fourth. Now it is well known that the interval between the first and second sound is much less than that between the second and the first of the following beat; therefore, the first sound and first interval occupy much less than half the time of one beat. Dr. Hope must therefore be in error as to the time at which the systole and diastole take place, or extremely inaccurate with regard to their duration.

Stowmarket, Aug. 26th, 1833.

EFFECT OF

IODINE IN HYDROCEPHALUS.

To the Editor of THE LANCET.

SIR,—Having some time ago read, in THE LANCET, a case of hydrocephalus, which was reduced by complicated treatment, I herewith send you one speedily subdued by iodine.

The case is that of Thomas Dixie, aged eight months, residing at No. 4, Rumbals Buildings, Sun Street, Finsbury Square, who was admitted at the City Dispensary, on the 15th of January last, with the following symptoms:—Physiognomy idiotic, very irritable, the frontal bone much projected, the skin and subcutaneous veins of the head remarkably distended, the pupils greatly dilated, occasional constipation, dysuria, habitual vomiting, convulsions, &c.

The mother stated that she had already lost two children by water on the brain, the one at three months, and the other at five months of age, and the child now presented had been similarly unwell from its birth. As it appeared to suffer much, I proposed that the water should be evacuated, as the speediest means of affording relief, but to this the parent decidedly objected.

Having previously employed iodine in some cases of morbid increase of the aqueous humours with good effect, especially in a case of enlarged eye, I was induced to try iodine in the present instance. In order to ascertain the results, the head was first carefully measured by Messrs. Honeywood, Tyser, &c., and its circumference found to be eighteen inches and a half, and from meatus to meatus, over the summit, twelve inches and a half.

Treatment.—℞ *Iodin.* ʒi; *Cerat. Cetacei* ʒi. M. This ointment to be rubbed in upon the open part of the head three

times a day. *Hydrarg. c. creta* gr. iv. o. n. Also a Linctus, containing a. *Oxymel. Scillæ*, to be given during the day.

About ten days afterwards the head was again measured, and was found to be reduced three-quarters of an inch in circumference, and half an inch from ear to ear. In addition to this, the other symptoms had also abated; the vomiting and convulsions had ceased; the countenance had become tranquil, and the sleep was not disturbed as it had formerly been. The principal alterations observed in the excretions, during this short period, was an immoderate discharge of urine, which could not be owing to the medicines taken inwardly, for scarcely any of them had rested on the stomach.

The frictions were still continued, and after a few more weeks had elapsed, the formation of the cranium was greatly improved. The os frontis no longer projected, having now become upright, and very little, *if any*, of the former idiotic appearance of the little patient remained. The child has not since been troubled with the complaint. I am, Sir, yours, &c.

H. S. Caldwell, M.D.

Camberwell, Sept. 10th, 1833.

STIMULANT POWERS OF PHOSPHORUS.

To the Editor of The Lancet.

Sir,—Will you allow me to intrude upon the pages of The Lancet, to state, in corroboration of the opinions of one of your Correspondents, that the use of phosphorus in malignant cholera has undoubtedly been proved to be an invaluable remedy when administered in cases where the arterial action is nearly exhausted. On reference to Hooper, I find a case quoted of a man labouring under putrid fever, the symptoms of which, in many points, appear so analogous to the prevalent disease, that I am sure little doubt will be entertained of the value of the remedy, on a perusal of the following case, which I extract *verbatim*:—"A man laboured under putrid fever, for whom the best alexipharmic medicines, together with a proper regimen, were prescribed. A diarrhœa, however, ensued, accompanied with great anxiety about the præcordia, delirium, and general prostration of strength. Proper remedies were tried to stop the disease, but in vain. In this extremity the physician had recourse to phosphorus, two grains of which were exhibited twice in the evening, and again, with the addition of another grain, in the morning. A copious perspiration was produced, and the memory and the use of the external senses were restored. The patient's health, thus recovered, was afterwards completely re-established by other remedies."

Several other cases are recorded, but I think the above recital a sufficient stimulus for the employment of this remedy. The only inconvenience is the mode of exhibition. I have found a solution in oil or ether, triturated with the yolk of an egg, the best form. A late Correspondent of The Lancet gives a different formula, but one which I have found the greatest difficulty in preparing. The inconvenience is entirely obviated in the mode I use. A medical friend of mine, to whom I recommended the remedy, produced, in confutation, a work of Dr. Thomson, in which he states, that a grain of phosphorus would certainly produce death. In some cases, undoubtedly, it would; and I am afraid this declaration will deter many from the use of it; but let us consider, that in the present case the powers of life are in a state of exhaustion, and that phosphorus is the most powerful stimulant known; consequently, what would produce death in a person labouring under inflammatory disease, where much strength exists, would here, except in large doses, prove utterly useless. That it is a dangerous remedy, I admit; but let us again consider that the case we wish to relieve is one of those desperate states of disease in which a practitioner ought boldly to make trial of some new and powerful remedy which might act as an uncommon stimulant to the nervous system. Such a remedy is phosphorus, and I hope some of our enlightened practitioners, throwing off the trammels of fear, will give it a fair trial, when I am confident the result will reward his labours. I speak thus confidently, from having seen its astonishing effects on one patient during the last week; but not yet having had another confirmed case, I refrain from giving details at present. Should I again find it successful, I will communicate to you all particulars. I remain, Sir, yours, &c.,

Edward L. Pinder.

London, Sept. 6th, 1833.

N.B. I beg to refer Mr. Mann, in answer to his communication of last week, to a pamphlet under the title of "De Phosphori Medicamenti adsumpti virtute Medica aliquot casibus singularibus confirmata Auctore Mentz," in which he will find some exceedingly interesting and remarkable cases.

INVENTION OF THE PERCUSSOR.—LETTER FROM MR. WEISS.

To the Editor of THE LANCET.

SIR,—Permit me to correct an error into which Mr. Edwards has fallen in regard to my instrument for crushing stones in the bladder, which he characterises as not only "obsolete and useless," but as "being designed for very different purposes." Although the subsequent improvements of Baron Heurteloup in the lithotriptic instruments may have superseded my invention; I beg leave to remind the Baron's champion, Mr. Edwards, that my now "obsolete and useless invention" suggested the idea of the Baron's Percussor, which is only an improvement upon mine. I also beg to say, that my instrument was invented expressly for the purpose of crushing stones in the bladder. It was submitted to Mr. Brodie for his inspection eight years ago, but was laid aside at the suggestion of a very eminent surgeon, who feared that the bladder might be injured by the fragments of stone being propelled with too great violence in their separation, by its fracture. I subsequently showed the instrument to the Baron, stating the objection made to its employment, which, however, he overcame by injecting the bladder.

I need not trouble you with a description of the instrument, it has been fully explained by Mr. Costello. I, however, subsequently made one of the same shape, with a saw concealed in the blades for cutting, and finally crushing, stones in the bladder, which I published in my first catalogue of instruments. This plan was laid aside only in consequence of the rumours of the repeated success of Dr. Civiale's straight instruments. Now for what purpose does Mr. Edwards suppose I would have been at this expense and trouble if not for the purpose of crushing the stone? Not to crack nuts for monkeys. The Baron has always remunerated me for any instruments I have made for him, and I hope he will be as liberal in rewarding Mr. Edwards.

I have the highest respect for the Baron Heurteloup as a man of science, and one who is skilful in mechanical invention. He spares neither labour nor expense in bringing his designs to perfection; in the course of his experiments he must have accumulated a room full of instruments, of every shape, for crushing the stone, which he has successively thrown aside as useless, and I have not the least doubt, if he can find purchasers among the profession, he will be very glad to dispose of them at one quarter their cost. He therefore can duly appreciate the labour and the ingenuity required in the invention of instruments, more particularly those in which are combined the most delicate formation, with great power; and he would not, I am sure, have made mention of the invention of any other man in so supercilious a manner. The subsequent improvement of an instrument, I submit, does not invalidate the claims of its first inventor to some degree of merit, and as I depend for my support upon the success of my exertions, and as a disparaging remark might, however unintentionally made, injure me in my business, I trust to your liberality to favour me with the insertion of this letter. I am, Sir, your obedient servant,

JOHN WEISS,

62, Strand, 7th Sept. 1833.

LIBRARIES FOR HOSPITAL PATIENTS.

To the Editor of THE LANCET.

SIR,—Though I have not the honour of being a member of the profession, yet I take great interest in their proceedings, and am a reader of THE LANCET and other medical publications. In the course of my reading I do not recollect having noticed that there are libraries in the public hospitals for the perusal of the inmates. If there be not, I would suggest that they be established, thinking, as I do, that their contents often console the afflicted, and by amusing the mind tend to alleviate the sufferings of the body, and, probably, promote recovery. If you think the suggestion good, perhaps you will communicate it to your readers, that they may see if it be worthy of adoption. Thanking you for the instruction which your publication has afforded me, I remain, yours truly,

E. J. HYTCH.

THE SHEFFIELD DISPENSARY.

TREATMENT OF MEDICAL MEN.

[*From a Correspondent.*]

THE readers of THE LANCET have already had an opportunity of seeing in its pages the memorial addressed to the Governors of the Sheffield Public Dispensary, by the medical profession of this place. It will be recollected that the memorial was directed to be laid before the Governors at their special general meeting on the 5th of August, which special meeting was called "to receive and decide upon the report from the sub-com-

mitted, appointed to consider what *alterations in the laws* might be necessary, and for the purpose of electing a house-apothecary." It was natural, therefore, to conclude, that any complaint relative to the existing laws or their administration, and any information as to their general tendency, would be thankfully received, as affording opportunity of more effectually repairing the errors committed by the architects of this crazy piece of craft, which only one short year ago was launched forth as a model of perfection, which all were called upon to admire, and on whose unsound bottom they were invited to embark their hard cash. However, the memorial met with a very different reception from what might have been anticipated, as the following summary of the proceedings, so far as they relate to the present subject, will show:—

Dr. KNIGHT, late physician to the Sheffield General Infirmary, having been called to the chair, the meeting proceeded to the election of a house-apothecary. After which, Mr. TURTON begged, before the report of the sub-committee was received, to present a memorial, which had been adopted at a general meeting of the medical profession, complaining of certain abuses in the institution. Upon this a long and animated discussion ensued, as to whether it should be read or not. Some of the governors strongly objected to hearing it, whilst others advocated its reception, as it might throw some light upon their proceedings. At length it was urged, that as the meeting was called for *special purposes* it would be irregular to entertain the said memorial. Ultimately it was determined, by a large majority, that the meeting should proceed to consider the report of the sub-committee. Mr. TURTON then asked whether the meeting absolutely refused to receive the memorial which he held in his hand. The CHAIRMAN informed him that they must *first* proceed with the business of revising and altering the rules of the institution. The memorial, therefore, remained in the hands of the deputation, until that portion of the business with which it was intimately connected, and in reference to which it was drawn up, had been transacted. Afterwards the meeting dwindled away to a few persons, so that the deputation refused to insult the gentlemen whose names were attached to it, *and eight of whom were governors*, by presenting it. What is worthy of remark, and adds no little to the extraordinary character of these proceedings, is, that another letter or memorial, relative to a change in one of the rules, was addressed to the meeting, received, read, and is now regularly filed amongst the documents of the institution; but this [illegible] signed by *three clergymen*, whereas [illegible] other was signed by *thirty and three* [illegible]*cal men only!!!* A little more *esprit du corps*, and the profession would cease to be thus degraded and insulted. Medical men debase themselves to become the mere tools of a few clergymen, who preach up charity and good works, but never themselves work for nothing. The medical man, at whose expense others are so very charitable, may work night and day, walk a circuit of two miles, for the purpose of securing subscribers and legacies to an institution which is robbing him of his just dues, and when he remonstrates against notorious abuses, he is treated like a dog. Let other medical men take warning hence, and let the public beware how they encourage the charitable jobs of parsons and doctors. In every sense these jobs are curses to society and not blessings. Lawyers know better how things ought to be managed. A certain governor of this charitable institution, a lawyer, has been contributing a little professional aid in its support, with the most humane and benevolent intentions, no doubt; but for which he has handed in a bill of upwards of sixty pounds! Let the subscribers think of that!

At a meeting of the memorialists to the Governors of the Public Dispensary, held at the Savings Bank, on the 24th August, to receive the report of the deputation for presenting the memorial,—

HENRY BOULTBEE, Esq. and afterwards JAMES FAREWELL WRIGHT, Esq. in the chair,

It was resolved unanimously,

That the thanks of this meeting be given to Messrs. Reedal and Turton, the gentlemen forming the deputation, for their firm support of the memorial, and their determination not to withdraw the same, so long as a meeting of governors sufficiently large and respectable remained to receive it.

Resolved, That in the opinion of this meeting, the reception of the memorial addressed to the Governors of the Sheffield Public Dispensary was *highly uncourteous*, and that the partial amendments made in the rules are unsatisfactory.

Resolved, That the foregoing resolutions be advertised in the four Sheffield papers.

The thanks of the meeting were voted to Messrs. Boultbee and Wright for their able and impartial conduct in the chair.

WESTMINSTER HOSPITAL CLINICAL CLERK.

To the Editor of THE LANCET.

SIR,—Pray allow me to answer some anonymous statements, headed "Medical Machiavelism," published in your 522nd No., which, by an accident, has reached me too late to allow of my replying earlier. They are obviously from the pen of my old antagonist "Legion," and consist of two parts. 1. A history written with "Legion's" usual candour, of the office of clinical assistant in the Westminster Hospital; and, 2. A summary of reasons why that office should be abolished. I shall not attempt to dissect what "Legion" has palmed on you as a history of the office in question. For, 1st, I could not satisfactorily disentangle in a short letter the true facts of "Legion's" article from the false. They are ingeniously interwoven, and their cohesion has been strengthened, as occasion often required, by convenient but groundless assumptions; while, over the whole tissue, he has, in a very artist-like manner, spread an imposing varnish of sarcastic humour; and, 2ndly, The defence is, I fear, less acceptable to THE LANCET than the attack;* witness the many calumnious, and, in their bearing on the hospital fiscal interests, mischievous communications—several having, to the uninitiated in journalism at least, a semi-editorial air—of late published in that influential periodical. I refer more especially to one that appeared some four or five weeks since, to which, as in my opinion especially dangerous to the funds of the charity, I called the attention of the treasurer, and of the weekly board, but unfortunately, as I think, without having succeeded in making them sensible of the mischief that such malicious attacks might cause, or in persuading them to publish in your pages an official contradiction; and, 3rdly, because the party principally attacked, is well able to defend himself, and will immediately, I expect, take some steps to repel such unprovoked aggression. For these reasons then I shall not analyse the truly "Machiavelian" story of your correspondent, but content myself with affirming its substantial erroneousness. I have been for six or seven years an active trustee of the Westminster Hospital, and have had, during that period, personal knowledge, more or less complete, of all the proceedings of the trustees; I was concerned actively in that revision of the laws erroneously ascribed by "Legion" to three gentlemen, who were but members of a numerous committee, of which I acted as one; and with such opportunities of information, I hesitate not to affirm that "Legion's" history is an *ex-parte* statement, true often in its mere matters of fact, but wholly deceptive in its glosses and inferences, and sophistical in its reasonings, as it is unjust and malicious in its imputations. Now his reasons for abolishing the office of clinical assistant in the Westminster Hospital are six, of which three are sophistical, and three irrelevant. I shall take them in the numerical order in which he has arranged them, to serve, I imagine, as a brief to the orator who was to have led the onslaught at the last weekly board. Because, 1, "The intermediate attendance of an experienced officer must be more beneficial to the patients than that of an inexperienced pupil." Now this rests on the assumption, that the office of apothecary will usually be filled by a more experienced practitioner than will that of the clinical assistant. But how stands the fact? Two of the clinical assistants have been graduates in medicine; several others have been diplomatists in surgery, or licentiates of the Hall. The present clinical assistant has been M.B. of Cambridge for several years, and is as old a student of medical science, I am convinced, as the apothecary. Is a young apothecary, then, more competent to prescribe for medical diseases than a young physician or surgeon? and what likelihood is there of old and experienced candidates competing for the apothecariat of the Westminster Hospital, an office requiring abnegation of private practice, constant residence, much confinement, celibacy, &c., and offering but very moderate emoluments? And the fallacy of "Legion's" reason is still more striking when we consider, that since in the semi-ruinous, mean, inconvenient, remote, and obscure hospital of the last six years, such respectable candidates as physicians, &c., have in several instances offered for the office of clinical assistant, there is good reason to believe that in a handsome, convenient, prominently-situated hospital, such as the new one, young M.D. and M.R.C.S. candidates will be generally forthcoming.—No. 2 is impertinent, because nobody has objected to the apothecary's having an in-door pupil if there be room for one, which, at the new hospital, there will be, and ample. I need not cite the ipsissima verba.—No. 3 says, "the ostensible duties of a physician's clinical assistant may be equally

* We can assure Dr. Clendinning, with much sincerity, that in this respect, at least, he is entirely in error.—ED. L.

well performed, and in all the other hospitals in London are equally well executed, by non-resident pupils." Now this I take to be a rash yet by no means a random assertion. For some years clinical lectures have been regularly delivered at one of the Borough hospitals. For clinical teaching, very full and accurate records of practice are required. I have accordingly made inquiry in the quarter alluded to as to the working of the non-resident system, and have been assured it is far from satisfactory. Illness, social engagements, &c. have been found in that hospital to occasion oversights and omissions on the part even of zealous but non-resident clinical assistants, to an amount that would not have been experienced had the clinical officer been domesticated with the sick. I have not had opportunity of testing the accuracy of "Legion's" assertion, by inquiries in other quarters, nor if I had can I doubt as to the result. Britain has, so far as I know, few perfectly well regulated hospitals. The Edinburgh Infirmary, one of the best unquestionably in the Island, has several assistants to the medical officers, resident as well as non-resident. The continent, however, behind Britain in many weightier matters, is greatly in advance of us with respect to metropolitan hospitals. France, especially, excels; and all her great hospitals that I have visited or heard of, admit amongst their inmates assistant clinical officers. The Westminster Hospital clinical clerk has been found, it is by all I believe but "Legion" admitted, a very efficient assistant to the physicians, and that owing principally, beyond all reasonable doubt, to his being domesticated in the sick-house. I have then no hesitation in questioning the truth of the statement of "Legion" that non-resident pupils do the duty of clinical assistant as well as the Westminster Hospital clinical assistant; or of avowing that (assuming the non-existence of resident clinical assistants or other equivalent functionaries elsewhere in London, respecting which I am myself in ignorance) I suspect strongly that no other London hospital can have attained to equal excellence of clinical machinery with the Westminster; that none other would be able, for example, to produce journals of the medical practice of the last six years, equal in accuracy of value to those kept at the Westminster Hospital since the introduction of the resident clinical assistant, and the possession or non-possession of such correct and copious records of practice, I hold to be a test of great and unequivocal, and indeed paramount value in estimating the efficiency of the medical department. Where else than in such records can dissatisfied friends of patients, or suspicious or complaining governors, or inquisitive house visitors, or absent pupils, look for data to serve their several purposes? The value of such checks on medical officers &c. is well understood by the army and navy medical boards, who, without of course any view to pupillary instruction, require, as I understand, ample returns from all hospital practitioners under their authority.

No. 4 I shall not cite, as impertinent to the question, since it is known to all concerned, "Legion" included, that the hospital will be at no expense. The clinical assistant will pay for his accommodation, as does the house surgeon.

No. 5 also is irrelevant, and need not be cited; it merely asserts general abuse of authority on the part of the physicians as examiners of candidates for the clinical assistantship, an assertion which, were it true, as I believe it to be false, does in no way affect the principle of the office, which is the only question in dispute that is worth contending about.

No. 6 is a sort of *et cetera* to the catalogue of reasons. "The introduction of this officer (clinical assistant) into the machinery of the hospital, has interfered with its advantageous operation, has subverted the due dependence of responsibility and subordination, and has been otherwise highly detrimental to the interests of the patients." This is, virtually, a general statement of disapprobation; it contains nothing specific or tangible to grapple with, and demands no further notice. The arguments of "Legion" are, then, all either irrelevant, or sophistical—whence then his bitter hostility to the office of clinical assistant? And, still more to the point, whence his often-repeated false and mischievous accusations against the managing governors of the Westminster Hospital? For some dozens of years past complained of as insufficient for the wants of the public, and as radically and incurably defective, both medically and architecturally, the old house is to be at length abandoned for a more convenient and better. This change, so long ago declared necessary, is in progress, and the trustees expect, in the course of next year, to get into possession of their new habitation; but the move will occasion much expense; to sustain the new charity, additional funds will be wanting, and at this moment means are in use to make more extensively known the claims and wants of the hospital, and to procure additional subscribers. Now, under such circumstances, what would be the conduct of a true friend to the charity and to

the poor? Would exciting and embittering partizan warfare in the board-room, be amongst his means of promoting the interests of the charity? Would vilification of most of the principal officers of the charity? Would a true friend to the necessitous sick of Lower Westminster be likely to throw out in print offensive insinuations, or utter slanderous assertions against several of the most active and useful trustees of the Westminster Hospital, at a moment when the united exertions of all the supporters of the charity will certainly not be more than sufficient to set it afloat in its enlarged form, in a condition, as to pecuniary resources and general efficiency, adequate to the wants of the vicinity, and to the wishes, if not expectations, of the benevolent? One word more. Anonymous writing is, with a few exceptions (THE LANCET, in its editorial department, amongst the exceptions), the practice of the British periodical press; but it is, I am convinced, a bad practice. If it often serve as a protecting veil to timid honesty and talent, it serves equally as a dark lantern to the literary stabber, and as a lion's month to the malicious accuser. I, for my part, have knowingly wronged no man, and therefore fear none, and shall, for the future, leave the anonymous to those that need a mask. I am, Sir, your obliged servant,

JOHN CLENDINNING.

Wimpole Street, Sept. 5, 1833.

THE LANCET.

London, Saturday, September 14, 1833.

WHEN it was proposed, a few months back, to provide for the expenses arising out of the execution of the ANATOMY ACT, by a levy of an annual tax on medical students, we condemned the suggestion, as being founded on a bad principle, and a wholly mistaken policy.

Having at that time stated that the Act in question had stipulated for the provision of all the pecuniary contingencies, by a payment out of the consolidated fund, we adverted to the proposed change as a retrograde movement, and declared it to be our decided opinion that the change would give rise to a feeling of great dissatisfaction among the medical students belonging to our public and private schools.

Strongly impressed with these opinions at that period, and still retaining them with equal force, we rejoice at having the opportunity of stating, that Earl GREY and his colleagues have resolved on making no alteration in the Stamp Act which shall operate to the pecuniary disadvantage of those gentlemen who were engaged in the study of medicine.

WE hesitate not to predict, that, at no distant period, the evils, we might say the atrocities, of the hospital, the infirmary, and the dispensary system, will be rendered conspicuously apparent to the public mind.

But in order that the catastrophes which are to be developed should produce a salutary tone of feeling, it is necessary that medical gentlemen, whose knowledge on the subject must precede that of all other individuals, should exert themselves unceasingly in the beneficial work of disclosure.

We refer with feelings of indignation to the details contained at page 785 of our present No. The memorial of the thirty-three physicians and surgeons of Sheffield, presented to the Governors of the Sheffield Public Dispensary, has been REJECTED by those charity mongers,—has been cast back into the very teeth of the gentlemen, without whose skill, generosity, and aid, it would be utterly impossible to render useful to society any institution having for its object the relief of the sick poor. With the exception of the insult recently offered to the medical practitioners of Aylesbury, by the appointment of a surgeon belonging to the fallen, degraded, hospital of the late THOMAS GUY, we cannot bring to mind any insult offered to a large body of respectable gentlemen, at all to be com-

pared with the one now under consideration.

Surely, however, the point to which submission can reach, has been attained! The thirty-three practitioners of Sheffield cannot, will not, sit down quietly under the atrocious insult which has been offered to them, but will cordially and resolutely unite in defence of their own interests, and of the respectability and utility of the profession. Are there to be found any medical practitioners who will continue to be the *servants* of men who have thus gratuitously bearded the entire body to which they belong? Impossible. Should the medical men continue to retain office in such an establishment, what will the governors constituting the dispensary, or anti-medical association, be induced to exclaim? "Behold! *We* have "have nothing to fear from this disjointed "body; because there is no uniformity of "action in it. See; we have scouted, "spurned, despised, the petition of the "whole medical fraternity of Sheffield, "and yet some of the most respectable of "them bow before us, obsequiously smile "upon us, crouch at our feet, and seem "to pray for a continuance of our buf-"fetings, as the highest honour and re-"ward which they can be entitled to re-"ceive."

Since the foregoing remarks were written, we have seen in the *Times* of Thursday last, a report of the proceedings at a meeting of the Governors of the Aldersgate-street Dispensary, held on Wednesday. At this meeting the whole of the medical officers, physicians and surgeons, resigned their offices. Why? Because the Governors, in the opinion of these medical officers, showed a wanton disregard of the respectability of the profession, and the welfare of the sick poor.

Now then; the medical profession of Sheffield will see what the medical profession of London will do on such an occasion. Is there a legally-qualified member of any one of the Colleges or Halls, who will so debase himself—who will so insult all his professional brethren—who will be so ready to proclaim his own infamy—as to accept an office in a medical institution, the Governors of which have already declared that such office is OPEN TO SALE, and may be held by the highest bidder?

Good God! How repeatedly have we declared that these dispensaries may be denominated "human slaughter-houses." And here, in confirmation of our statement, it is announced, THAT MULTIPLIED CONTRIBUTIONS OF ONLY A FEW DAYS STANDING, MAY SECURE THE LEGAL IMPUNITY OF DESTROYING THE WRETCHED BEINGS WHO SEEK FOR A MITIGATION OF THEIR SUFFERINGS, UNDER THE MUCH-ABUSED NAME OF "CHARITY."

Not having seen the report in the *Times* until a late period of the week, and just as we were going to press, we have neither time nor space for a more explanatory comment. But we implore, most earnestly implore, every member of the profession who places the slightest value on the respectability and usefulness of that profession, or who is desirous of preserving his own peace of mind, or who would regard with feelings of deep emotion the wanton immolation of his fellow-creatures on the already blood-stained altar of CHARITY, to approve, by his voice and actions, the noble resolution of those medical officers who have abandoned an important station, rather than witness the sacrifice of a principle in which the maintenance of their own honour and the welfare of the sick poor are alike involved.

Should any unprincipled Fellow, Member, or Licentiate, of the legitimate medical body, think proper to occupy one of these

offices in order to MAKE HIMSELF KNOWN, his object, we promise him, shall be fully attained. *He shall be known.* Verily, he SHALL be known!

SIR ASTLEY COOPER is becoming as wonderful a man as Sir HENRY HALFORD. The great bulletin-signer, like the feline species, can see where "obscurity is doubly obscure," and could make his sovereign GEORGE the Fourth, "better" on one day, and "worse" on another, without, apparently, the exercise of any of those gifted talents with which he has been endowed by nature. "His Majesty is better," exclaimed the courtly physician. "His Majesty is worse," marks the goose-quill wand. Worse than *what?* Than "*better*," to be sure. And better than "*what?*" Why than "*worse.*" Thus did this courtly magician, by his oracular incantations, in two words, mystically antithesized, lull the anxieties and suspicions of the British public, until that public was fairly admitted to a view of the witches' caldron, and the machinery which was kept in motion by secret influence. But Sir HENRY is not without a rival. Sir ASTLEY COOPER, the "consulting surgeon" of Guy's Hospital, bids fair to become the coroneted MERLIN. This worthy baronet, who is advertised as "consulting surgeon" to a hospital where he very rarely indeed goes to be consulted, can, of course, discharge all his hospital duties while reposing on a couch in Conduit-street, or in his pastures at Hemel Hempstead; and this without difficulty; for mark the great surgeon's attestations in the following "certificate," presented about three weeks since, by Mr. THOMAS COX BUCHANAN, M.R.C.S., on the occurrence of a vacancy in the office of surgeon to the Gloucester Infirmary:—

"London, February 24th, 1833.

"This is to certify, that Mr. THOMAS COX BUCHANAN has studied Anatomy and Surgery with great diligence *at Guy's Hospital*, and has since further qualified himself by attendance on *the Hospitals in Paris* for the best performance of his professional duties. Mr. B. has also *studied in Dublin*, and he has passed his examination *at the Royal College of Surgeons in London.*

ASTLEY COOPER."

In this brief document is to be seen volunteer evidence of four facts of the utmost importance to the governors of the Gloucester Infirmary; yet the last-mentioned of the set is *the only one* of which he Sir ASTLEY could be regarded as a competent witness! But we suppose that the "higher order" of BATS, both medical and surgical, are privileged in this respect,—not merely in making the asseverations to be found in commendatory notes and certificates, but also in speaking whilst under the solemn obligation of an oath.

We are tempted, on this occasion, to quote the evidence of Dr. ROGET on the trial of COOPER *versus* WAKLEY:—

"Sir JAMES SCARLETT. (*Examination for the plaintiff*).—Have you, in the course of your practice, had frequent opportunities of seeing Mr. B. Cooper?

"Dr. ROGET.—I have, *professionally.*

"Sir JAMES SCARLETT.—In cases where the presence both of a surgeon and a physician has been necessary?

"Dr. ROGET.—In *mixed* cases, where surgical and medical attendance was necessary.

"Sir JAMES SCARLETT.—Now I beg to ask, What is the opinion you have formed of him?

"Dr. ROGET.—As far as those opportunities have gone, I have formed a *high* opinion of his *skill* and *judgment.*

"Sir JAMES SCARLETT.—I beg to ask you, as a medical man, whether the report in THE LANCET is such as should have come from any surgeon or professional man whatever?

"Dr. ROGET.—*Certainly not.*

"(*Cross-examined by* Mr. WAKLEY.)

"Mr. WAKLEY.—What cases have you attended with Mr. B. Cooper?

"Dr. ROGET.—Cases of a *mixed* nature, in which *surgical operations* were required.

"Mr. WAKLEY.—Will you be kind enough to state one or two of them.

"Dr. ROGET.—Not *capital* operations; operations of *minor* importance.

"Mr. WAKLEY.—What were the *medical* cases?

"Dr. ROGET.—*Inflammatory* cases, for instance.

"Mr. WAKLEY.—Did Mr. Cooper *prescribe medically*?

"Dr. ROGET.—*He did not.*

"Mr. WAKLEY.—Can you describe *any* operation you saw him perform?

"Dr. ROGET.—*I don't recollect that he prescribed.* We *consulted* together. I don't recollect his having written *any* prescription.

"Mr. WAKLEY.—Can you recollect *any* operation he performed?

"Dr. ROGET.—I can.

"Mr. WAKLEY.—Name it.

"Dr. ROGET.—*Consulted together as to the medicine.*

"Mr. WAKLEY.—Do you believe you can form an *accurate* opinion of the manner in which a report should be written, *unless you saw the operation respecting which it was written?*

"Dr. ROGET.—I think I can.

"Mr. WAKLEY.—*How*, then, would you have written this report, *not having seen the operation?*

"Dr. ROGET.—*I cannot say how I should have described it.*"

[*Laughter throughout the Court*, in which Lord TENTERDEN heartily joined.)

Dr. ROGET was a "very great" man when he first got into the witness box, but he gradually diminished as the cross-examination proceeded, until, at last, he was almost imperceptible, and at his departure sunk, it was thought, through one of the chinks in the floor.

Now let us call up Sir ASTLEY, and ask the worthy Baronet three plain questions:—

"How do you KNOW that Mr. Buchanan *studied anatomy and surgery with great diligence at Guy's Hospital?*"

Sir ASTLEY.—"Mr. Buchanan told me so."

"How do you know that he has *since further qualified himself by attendance on the hospitals in Paris?*"

Sir ASTLEY.—"Mr. Buchanan told me so."

"How do you know that Mr. Buchanan *also studied in Dublin?*"

Sir ASTLEY.—"Mr. Buchanan told me so."

"*You may go down, Sir.*"

INTERCEPTED LETTERS.

THE CONGRESS.

"MY DEAR CHAMBERS.—Here am I! And now, according to promise, I will give you a sketch of our "meeting," though you would not condescend to join this jovial party. I do assure you the whole thing was well got up, and I only hope that all our good resolutions may be as well *got down*. This is an excellent chateau, and is in a beautiful country. The eating and drinking part is admirably managed, and requires no superintendance of Doctor PARIS to regulate the "diet and regimen" of the company. The President, our generous host, is in high spirits, lives like a prince, and acts on the maxim, which he himself, in his jocose manner, originated, that it is better to *live* rich than to *die* rich. The whole *menage* speaks well for the success of the fee-trade in *former* days. The baronet has something very fascinating about him for both sexes,—has something pleasant to say to everybody, and, like a true disciple of the old school, never teases one with painful truths, but makes life quite a comedy. No man bends more to circumstances, or with so good a grace. He is, like Paul, "all things unto all men." We all like this, and it fits him most particularly to take the lead in the public matters of our college. WARREN, with his caustic manner and ironical grin, or MATON, with his parsonified simplicity, would neither of them do at all for the present times.

"Various matters have already been brought under notice of the congress, and more still are to come before it. One important point discussed relates to the nature and terms of the alliance. It may be expedient to make common cause with the Council of the College of Surgeons and the gentry of Rhubarb Hall. We cannot conceal that the surgeons hate us as a body, though, in fact, the greater part of that practice which ought, legitimately, to be *in our* hands, is in theirs, most of them absolutely practising as physicians. This may be in accordance with the spirit of free-trade and good for the public, but it is pernicious to our interests, and quite inconsistent with the vested rights of a corporation. The Council can and will assist us, and we, in return, must help them. It is only among that select body that you can find pure surgeons. The Council are as desirous as we can be to keep things *as they are*, and in all things relative to the obtaining of large sums of money from students, in order to keep the profession respectable,

either under the guise of lecture fees, or hospital attendance, or apprenticeships, or diplomas, both BRODIE and GUTHRIE have given me positive assurances that they will act towards us like men of honour, and die sooner than yield a halfpenny. Our worthy President read aloud to us the account of the cash these councillors have sacked. He was long unwilling to credit the extent of their trade, and I found it most difficult to convince him that the statements in THE LANCET were to be depended on. The Rhubarb Hall men will require the nicest manœuvring of Sir HENRY to keep them from doing us mischief. How monstrous is the impertinence of these pill-makers! Think of their presuming to enforce a curriculum of education twice as long as ours at Cambridge and Oxford!

"But the licentiates will be the most difficult of all to manage. Reason on their side!! Good heavens! What a paltry, half-educated, half-bred squad of thirty-pound Doctors they are! But enough for the present. Sir HENRY's awake, and so is your jolly companion.

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"Leicestershire, September, 1833."

THE ADVERTISEMENT.

"My dear Mr. BRODIE,—I enclose you, confidentially, a copy of MAYO's advertisement,* that you may lose no time in conversing with our friends, and seeing what is to be done. I have no delicacy in giving you this trouble after all I have done for you, and after the odium which, by my interference in your behalf, has been cast upon me by KEATE's friends. MAYO too is a bird of your own, and you (unfortunately as it happens) took too active a share in placing him in King's College, after his misfortunes in Windmill Street, to hesitate at acting on this occasion. Such exhibitions as you must admit this advertisement to be, will ruin our cause in Parliament, for suppose a thick-and-thin fellow like ****** displays this advertisement of a "Professor of King's College" alongside one of Dr. EADY's or JOHN LONG's! Why the supporters of the dignified principles of "Legitimacy" will appear as contemptible as the veriest of charlatans! This system answered well in *my* time, but it will not do now-a-days. King's College is one of our adopted temples, and its character must be upheld at any pains. Recollect too, that the interest of my dear nephew HAWKINS is deeply concerned, for when I gave him the professorship there, I considered that I was promoting his welfare, and not exposing him to the disgrace of a connexion with quack advertisers,—an additional calamity to the reports that are abroad respecting his incapacity to teach the practice of physic.

"Do for mercy's sake, then, my dear friend, have a meeting with Professor MAYO as soon as possible. Show him in your own quiet impressive manner the inconsistency and danger of the *advertising line*, and threaten him with the anathema of our "Holy Alliance" if he perseveres in it. I have always had a particular detestation of these rectum doctors, and, in fact, it might be a good thing if you could get a smart review written by a competent and convenient hand of these works of HOWSHIP, COPLAND, SALMON, MAYO, and the rest, exposing the whole disgusting system pursued by them.

"Sir ASTLEY might help you in this matter, though I fear he has now little influence. You need not hesitate to call the attention of the SURGICAL CLUB to this important matter, a meeting of which I understand will soon take place. Yours, very faithfully, my dear and esteemed friend,

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"Leicestershire, Sept. 1833."

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* "In 8vo., illustrated by engravings on wood, price * boards, 'Observations on Injuries and Diseases of the Rectum.' By Herbert Mayo, F.R.S. Surgeon to the Middlesex Hospital, &c. &c. Printed for Burgess and Hill, 55, Great Windmill-street, Haymarket. The following subjects, illustrated by cases, are treated in the work:—Fissure and Laceration of the Rectum—Protrusion of the Bowel—Hemorrhage and Pain—Piles—Fistula—Constipation, and the use of Instruments—Stricture—Cancer of the Rectum, &c. This important class of diseases are of frequent occurrence; they are extremely troublesome, and attended with severe pain. The greater number admit, if judiciously treated, of speedy and complete relief; while, on the other hand, when not understood, they are liable through misdirected remedies to be seriously aggravated. The publishers, therefore, call the attention of the profession, and of persons afflicted with those distressing complaints, to this highly valuable work."

SELF-SUPPORTING DISPENSARIES.

NOTE FROM DR. J. M. CALVERT.

To the Editor of THE LANCET.

SIR,—Might I request you to correct a mistake, into which you have inadvertently fallen, in a criticism on the "Self-supporting Dispensaries." You assume that the Dr. Calvert who wrote a letter on the subject, dated Althorp, and who subsequently wrote a communication to the Poor Law Commissioners, is the same person with the Dr. Calvert who is honorary physician to the Self-supporting Dis-

pensaries at Derby. Now I plead guilty to the two former sins, but have nothing to do with the last; and I think if you had done me the honour of reading the communication I made to the Poor Law Commissioners, you would have seen that I could not agree to the Derby report, inasmuch as I show that the medical men are inadequately remunerated, and that it is impossible for other dispensaries to be conducted on the same plan as the Derby. The charity patients ought not to be admitted at all, or under very great restrictions; and it is, as you say, a point of great consideration, under what circumstances the pauper patients ought to be admitted, all which I have stated at length in the paper referred to. Again, referring to your mistake, and the inference as to my motives which you draw from it, I may once more state I am quite disinterested on the whole subject, and that I believe, what I have stated already, that the interest of the medical men is the only foundation on which these dispensaries can with any chance of success be established. It is solely from my conviction of the identity of interests of the medical men and the poor, through the medium of these institutions, that I am anxious for their establishment.

The criticisms I have seen in your Journal were, I believe, the second, but although I have inquired at the medical booksellers I have not been able to get the first, and as I am going out of town to-morrow I cannot remark on them. I remain, Sir, your obedient servant,

J. M. CALVERT.

Sackville Street, Sept. 9th.

*** The insertion of this note affords us satisfaction, because it will remove an erroneous impression, the existence of which might have proved injurious to the reputation of two physicians, and because it furnishes us with an opportunity of now citing Dr. J. M. CALVERT himself as an authority which is opposed to the establishment of dispensaries on the principles of the self-supporter of Derby. The mistake we committed will be readily excused by Dr. CALVERT, when we inform him that we have not had an opportunity of reading the communication which he addressed to the Poor Law Commissioners, our allusion to that document having been made from printed extracts, which were transmitted to us by a correspondent; and we have since learned, that they were cut out of the pages of a contemporary publication.

THE TRIGGER PERCUSSOR.

To the Editor of THE LANCET.

SIR, — I observed in THE LANCET of last week, a letter from Mr. Beddingfield of Stowmarket, in which he complains of a want of candour on the part of the ingenious mechanic who a short time since visited Guy's and many other hospitals in town, for the purpose of exhibiting a lithotriptic instrument, to which he had attached some ingenious and no less important additions, a part of which was a hammer, constructed on the principle of the common gun-lock. From a slight knowledge of this mechanic, I was favoured with a sight of his instrument on his arrival in town, and so highly was I gratified with it, that I was not satisfied with a mere examination, but pressed him closely as to the circumstances in which originated the ingenious invention. In justice to this man, I feel called upon to state, that he did not appear to have any desire to claim the merit of the invention of the percussor. He unhesitatingly acknowledged how much he was indebted to Mr. Bryan or Mr. Beddingfield, I cannot say positively whether the former or latter of these gentlemen, but think to both of them he expressed himself as being under obligation for drawings &c. &c. of the percussor; but whether or not his conduct at other hospitals was marked by the same degree of candour as at the London Hospital, I cannot pretend to say. The hammer and shield, or vice, for steadying the percussor, he claimed as his own invention, and declared he had not borrowed a hint from anybody, and that previous to his coming to town, only one professional gentleman had seen it.

Having gone through the steps of the operation on the dead subject, it may not be totally devoid of interest to Mr. Beddingfield to learn, that the introduction of the instrument into the bladder was accomplished with great ease, and that a calculus of about an inch in diameter was readily grasped, and, by the second degree of power, fractured into three portions. A part of the injected fluid was then allowed to escape, which enabled me to seize the fragments with almost as much facility as if they had been in a basin of water on a table. Upon the whole, I have no hesitation in declaring it as my opinion, that Mr. B.'s percussor is a valuable instrument for small calculi, or for the further comminution of large ones, when once fractured, from the great facility with which portions not exceeding an inch in diameter can be grasped.

Apologising, Mr. Editor, for having tres-

passed so much on your columns, I beg to subscribe, your obedient servant,

HORATIO BLOOMFIELD.

London Hospital, 11th Sept. 1833.

*** From a private note accompanying the article of Mr. BRYAN inserted in another part of this week's LANCET, we extract the following passage, which ascribes the invention of that which must be regarded as a chief feature of novelty in the new instrument, to the mechanic himself, and certainly clears him in great measure, if not altogether, from the charge of disingenuousness:—"I find he has added," says Mr. BRYAN, "a spring hammer to my instrument."—ED. L.

ST. BARTHOLOMEW'S HOSPITAL.

PURPURA HÆMORRHAGICA.

JOHN FRITH, aged 45, an ivory-turner, was admitted into John's ward, August 9th, with the following symptoms:—Countenance natural; some bloody incrustations around the ala of the nose and the left angle of the mouth; the surface of the body generally, covered with red spots, about the size of peas, varying from scarlet to purple; two small ecchymoses on the left leg; tongue clean, with two purple spots near its apex; pulse 80, and full, with some jerking. Has no complaint of the head or chest; appetite good; bowels open. About a month ago had slight bleeding from the nose, but was otherwise in perfect health. On July 31 first perceived some red spots scattered over the body, two days after he had some bleeding from the mouth; the spots have since become more numerous, but he has not felt himself ill. Is ordered to be bled to five ounces. The blood appeared, while flowing, of a brighter red than usual. It formed a loose coagulum without any separation of serum.

Aug. 10. *Calomel* two grains, to be repeated in two hours, with a senna draught.

11. Bowels twice open, stools dark-coloured. To be sponged with vinegar and water. *Senna Mixture* with *Sulphate of Magnesia*, one drachm to be taken thrice a day.

12. Spots have somewhat faded; dark copious evacuations; tongue furred. Two grains of *Calomel* at night.

Continue the medicine.

17. Spat last night some dark and fluid blood, mixed with saliva; spots much faded, particularly in the arm; small red spots are perceptible on the lining membrane of the mouth. Four drops of *diluted sulphuric acid* are added to each dose of his mixture.

19. Bleeding from the gums ceased; has since had hemorrhage from the nose; some fresh spots have appeared on the neck; stools dark in colour. Continue the remedies; 3 grs. of *Calomel* at bed-time.

26. Spots have disappeared, and the patient is free from complaint.

LARGE ABSCESS IN THE LOINS OCCURRING AFTER AN INJURY TO THE KIDNEY.

Thomas Brown, aged 32, states that about six months since he received a heavy blow on the part of the back corresponding with the superior lumbar vertebræ; this was followed by severe pain in that region, and he passed a great quantity of blood with his water the night after the injury; for a week after this, he was obliged to have the catheter repeatedly introduced, owing to retention of urine. His medical attendant, fancying that there might be a calculus in the bladder, sounded him several times, when the last-mentioned symptom disappeared altogether. He has, however, since the occurrence of the accident, experienced, almost constantly, a pain in his loins, and at different periods has voided pus with his urine. During the last four months the uneasiness in his back has been very much diminished by frequent cuppings. He did not observe the swelling in the loins, which now presents itself just over the situation of the left kidney, until about a fortnight since. He has walked a great deal during the last two months, and attributes to this circumstance the formation of the tumour.

Aug. 26th. Is put on a low diet, and is ordered a cataplasm of linseed to the part.

27. Has passed a restless night. The *Compound Opium Pill* is administered at bed-time.

28. On account of some diarrhœa appearing, he took the *Compound Chalk Mixture*, which arrested it.

29. Mr. STANLEY observed, that he thought it most advisable to give exit to the collected matter. Although circumstances sanctioned the idea that the abscess might communicate with a diseased kidney, yet he felt justified in the performance of the operation, when he reflected on the irritative effects such a large quantity of confined matter would produce in the patient's constitution. A valvular opening was therefore made by this gentleman, when about a pint of very fetid pus escaped, having quite a stercoraceous odour, which induced some pre-

sent to imagine that the intestines communicated with the abscess, but Mr. STANLEY considered this circumstance to originate from the contiguity of the matter to the colon. The wound was dressed, and the patient ordered an opiate.

30. Finding a fresh collection of matter in the abscess, coupled with a great deal of irritation, Mr. Stanley deemed it requisite to enlarge his first incision; this he accordingly accomplished, when about four ounces of matter, mixed with some coagula of blood, escaped.

Sept. 2. Is somewhat relieved by the operation, though he complains of his inability to get any sleep, from the uneasiness he feels in the abdomen, which is very tender to the touch, particularly on the left side, over the situation of the kidney.

Sept. 3. The pain in the abdomen still continues severe, which renders his nights watchful. Is ordered compound chalk mixture, with 10 drops of laudanum, and 10 grains of aromatic confection, every four hours.

7. Pulse 92, 4, soft; no sleep; tongue coated; and he complains of great thirst. The pain still is unabated over the situation of the kidney, and is continued into the hypogastric region, following the course of the ureter.

10. Pulse seems softer and less frequent; has been taking no medicine but laudanum for the last two days, in rather large doses, having accustomed himself to its use previous to his admittance into the hospital, in order to allay his sufferings.

FRACTURE OF THE OS INNOMINATUM.

William Spiller, forty years of age, was conveyed to Kenton's Ward, 22nd of August, under the care of Mr. Stanley. He states that, in attempting to take down an old house, the walls suddenly fell and buried him in the ruins, and on being extricated from his perilous situation, he was immediately brought to this hospital. He complained of great pain in his hip, and in the hypogastric region. On examination, Mr. Stanley was surprised to find that, although there was a very extensive swelling just over the situation of the hip, there was much more motion of the thigh at its proximal end than was natural; but on placing his hand on the crest of the ilium, and then moving the limb upon the body, he could distinctly perceive that a portion of the last-named bone was carried with it. Mr. Stanley, on further investigation, came to the conclusion, that the ilium was fractured, posterior or internal to the acetabulum, and that in all probability the horizontal ramus of the pubis had been also broken, thus accounting for the great facility with which the thigh was moved on the pelvis. There were some wounds of the face and scalp, which were dressed in the usual manner. He is ordered to be kept quiet in bed.

Evening. Bowels much relaxed; tongue coated; complains of pain in his head; pulse not much disturbed; spirit lotion to be applied constantly to the head, and four grains of the *powder of Mercury with Chalk* to be exhibited three times a day.

24. Has had some spitting of blood, attended with pain in his chest, but is otherwise relieved.

Omit the mercury, and take a quarter part of the following mixture twice in the day:—

1 drachm of *Diluted Sulphuric Acid.*
1 drachm of *Syrup of White Poppies.*
4 ounces of *Compound Infusion of Roses.*

27. Is quite free from uneasiness about the chest; has had no recurrence of hemorrhage; is altogether in an improved condition. Bowels kept open with house medicine.

Sept. 3. Is going on well; says he is "very comfortable when still."

VISIT OF BARON GRAFFE.—AUTOPSY OF A LITHOTRIPSY PATIENT.

Sept. 4. The hospital was honoured today by a visit from Baron GRAFFE, who accompanied Mr. LAWRENCE round his wards. He expressed himself as being very much pleased with the economy of the different apartments, and very frankly gave his opinion on several cases to which Mr. LAWRENCE directed his attention. The latter gentleman, in relating the history of a case of syphilitic ulceration of the throat, mentioned the cinnabar fumigation. The Baron was quite unacquainted with the operation of this valuable remedy, and was very anxious to witness the process of its application: the patient was therefore submitted to the mercurial fumes. Baron GRAFFE then begged to have the directions for its employment given him, and also the formula for the essence of the compound decoction of sarsaparilla, the advantages of which he appeared fully to appreciate, though now for the first time. In fact, he seemed anxious to make himself acquainted with every novelty which British practice might offer. From the wards the Baron proceeded to the dead-house, to witness a post-mortem examination. The subject of the autopsy, Thomas Reese, had formerly undergone the operation of lithotrity by Mr. COSTELLO, and had subsequently become a

patient of Mr. EARLE. He was one of the patients mentioned at page 384 of the present volume of THE LANCET who had submitted to the operation of Baron HEURTELOUP's percussor.—Both the kidneys were found enlarged, particularly the one on the right side, and presented on their surfaces, as well as in the substance of their secreting or vascular structure, a great number of small circumscribed cysts, filled with pus; the cortical portion, generally, had suffered considerable alteration in structure, being very firm, excepting where the pustules were observed, and of a much lighter colour than natural. The excreting or tubular part of the gland exhibited a healthy structure, excepting that, in one of the cones of the right kidney, there was a purulent cyst, similar to those in the vascular portion. The mucous surface of the bladder was of a deep brownish-red colour, and ulcerated in several spots; and here and there showed evident marks of gangrenous inflammation. A calculus, about the size of a pigeon's egg, was found in the cavity, and also a shell of stone, which had been broken off from the larger mass in Baron HEURTELOUP's operation. After the completion of the examination, Baron GRAEFE returned his thanks for the courtesy shown him, expressing himself highly gratified with what he had witnessed; and after a *congé* to the gentlemen who were assembled, retired.

CURIOUS MALFORMATION OF THE BLADDER AND NEIGHBOURING PARTS.

Saturday, September 7. A large concourse of gentlemen assembled this morning at the hospital, in expectation of witnessing an operation for the removal of a fungus of the leg, by Mr. LAWRENCE. The number of new faces showed that the new pupils from the country were already on the alert for commencing their winter campaign in town, and the continued tramping of the booted votaries of medical science, made it plainly manifest that the custom of "walking the hospital" was in full play. In consequence of a consultation amongst the surgeons, it was not deemed advisable to perform the operation alluded to. Mr. EARLE, however, availed himself of the opportunity to disseminate some professional lore amongst the rising generation of the Æsculapian family. His lecture consisted of some clinical observations on a few interesting cases now in the hospital. He exhibited a boy with a malformation of part of the urinary organs. There was a total deficiency of the anterior portion of the bladder, and the abdominal parietes corresponding with it appeared also to be wanting. The terminal extremities of the ureters were seen distilling constantly the urine, which as continually trickled down over the penis, scrotum, and thighs. The mucous surface of the posterior and inferior portions of the bladder were entirely exposed, being continuous with the cuticle of the abdomen. Scarcely any uneasiness was experienced by the boy on handling the bladder. In three parts it was covered by an epithelium. Mr. EARLE observed, that he had always thought mucous surfaces incapable of becoming cuticular, however long they might be exposed to atmospheric influence; but here seemed an exception to that rule, though he could not say whether the epidermoid appearance, in this instance, resulted from an effort of nature to protect the delicate and exposed membrane, or was a congenital formation. There was no appearance of umbilicus in the case before him, as the chord had projected at the junction of the superior part of the bladder with the abdominal integuments. The dorsum of the penis was entirely wanting, giving it the appearance of having been sliced off, and leaving just enough of urethra to form a groove along its upper surface. Near the prostatic portion was a small elevation, denoting the situation of the vera montanum, and excretory ducts of the vesiculæ seminales. The testes were naturally formed, as was also the scrotum. The symphysis pubis was separated, so that the space of nearly two inches intervened between the spines of the pubic bones, which, however, were so firmly bound together by ligament, as to prevent the waddling gait which is usually observed in cases where there exists any deformity like the one in question. The origin of the recti muscles being thus separated from each other, left a triangular space intervening between their inner margins, which was occupied by the rudimentary bladder already described. The boy is about seven years old, and, in other respects, is healthy, strong, and well formed, and in full possession of the use of his limbs. His greatest inconvenience results from the frequent excoriations caused by the constant irrigation of the neighbouring parts by the incessant flow of urine from the open mouths of the ureters. Mr. EARLE said he regretted that it was not in the power of surgery to remedy the existing evil, but that he hoped the adoption of the plan he had devised would materially mitigate the inconvenience under which the little patient suffered; this consisted in adapting a kind of silver bowl to the parts surrounding the bladder and scrotum, and

connecting it by means of a tube with a caoutchouc bag, to be fastened round the thigh, when the secretion would flow into this artificial bladder, which might be emptied at pleasure by a cock-stop that would be attached to it.

SEVERE AND ALMOST UNHEEDED WOUND OF THE SCALP, AND OTHER INJURIES.

Mr. EARLE also called the notice of the class to a case which was brought to the hospital on Friday, the 6th inst. Tidy, a strong robust man, aged 42, in driving an errand-cart from Guildford, fell asleep, and dropped off, when the wheel grazed his head. Notwithstanding the injury he had sustained, he came on to London, a distance of twelve miles. On entering the ward, he said that he had met with the above-mentioned accident, but did not complain of any pain. His head being enveloped in a handkerchief, and from the circumstance of the man appearing to suffer but little from his wound, no notice was taken of him, until Mr. EARLE had attended to all his other patients, but on removing the wrappers from the head, he was astonished to find a horrible injury; the scalp covering the posterior part of the right parietal bone, and the superior portion of the occipital, hung down in a flap, whilst that which formed the covering to the anterior half of the parietal bone and right temple, extending from the external canthus of the eye to the loose portion of scalp already mentioned, was entirely torn away. The temporal muscle was also implicated in the laceration, and so torn that the injured surface was obliged to be removed by the knife. To show the dogged resolution of the man, he made very light of this extensive injury, and even expressed a wish to walk home after the wound had been dressed. Mr. EARLE took this opportunity to remark that, independent of the danger which might arise from the supervention of erysipelas, other sequelæ, of a much more fatal nature, were to be dreaded. He alluded to the probable necrosis of a large part of the parietal bone, which was denuded of its pericranial investment, and might induce so much irritation as would cause inflammation of the dura mater lining that part of the cranium, when formation of matter would be the probable result. He had not ascertained, until that morning, that the patient had fractured the olecranon process of the ulna on the right side, but such was the case, and, on further examination, he had discovered that the fracture implicated the condyles of the humerus, and led into the joint. From this circumstance he augured, that anchylosis of the joint would follow, which induced him to place the limb in a semiflexed posture, as in case the articulation was destroyed, the arm, in that position, would be of greater service to the patient than if it anchylosed in a straight direction.

Mr. EARLE had been consulted on the case of fungus of the leg, lying in Henry's Ward, and he had given it as his opinion, that the operation of amputation was the only one which was admissible.

MONEY PAID FOR DEMONSTRATIONS.

To the Editor of THE LANCET.

SIR,—I shall be glad to know whether I can legally demand the re-payment of my entrance fee to Mr. STANLEY, for Mr. SKEY's demonstrations. I understand, that instead of two demonstrators as heretofore, we are now to have only one; one must be insufficient for the due discharge of all the duties; and, unless Mr. STANLEY will consent to superintend the rooms himself, or appoint a fresh man in Mr. SKEY's place, we shall necessarily be neglected, even more than before the new arrangement. There seems to me to be something essentially knavish in charging us for two demonstrators, and then employing only one. If Mr. STANLEY chose to recreate himself any fine Sunday at Hampstead, or Hornsey, or any other cockney paradise, and he were to negociate the hire of a landau and a pair of hackneys, what would he think of the probity of the coachman, who having the night before taken his money for a pair, should next morning drive into Lincoln's Inn-fields with one miserable prad? I am, Sir, your humble servant,

A DISSATISFIED PUPIL.

REMOVAL OF MR. SKEY.

To the Editor of THE LANCET.

SIR,—The recent and passing events at this hospital are sufficiently stirring, not only to rouse your correspondent the "Pupil," but actually to reanimate a ghost. With my signature you are, doubtless, familiar. Although Mr. ABERNETHY thought this institution a close borough, THE LANCET, and a few spirited and honest governors, convinced this Crusoe and his man Friday, Mr. STANLEY, that they could not always have everything their own way. The latter gentleman, whose brain is said never to have been very retentive, has already forgotten the

lesson read to him on the nefarious bond business. * * * His colleagues may also know, in the fulness of time, that, of the interests of the institution whose misfortune it is to have such servants, they are not the best conservators, a knowledge that will be shared by the governors and the public at large.

I have the particulars ready for your insertion, of the removal of Mr. SKEY; but I invite that gentleman to furnish them himself; or, as Mr. STANLEY never yet scrupled at his own inculpation (for such have always been his "explanations" and defences), let Mr. STANLEY supply them; or, let the governors publish Mr. SKEY's memorial, with an account of Mr. STANLEY's canvass to get that most just application rejected. I will wait a week for the response of any or all of these parties. I am, Sir, yours, &c.,

RAHERE'S GHOST.

The Tomb, Sept.

LONDON HOSPITAL.

ERYSIPELAS OF HEAD AND FACE.

WILLIAM MYERS, aged 32, coal-heaver, admitted Aug. 17th, under the care of Sir WILLIAM BLIZARD, with extensive erysipelatous inflammation of the head and face. It commenced without obvious cause by a small patch on the left cheek. Left eye now closed, and head and face of same side much swollen and inflamed; has a slight cold and sore throat, which commenced along with the swelling. Tongue white, bowels open; pulse quick and hard. Ordered to take the *Saline Cathartic Mixture*, with *Tartarized Antimony*, twice a day. The *Spirit Lotion* to be applied to the face.

18. Inflammation extended nearly over the whole head and face. Take the mixture three times a day.

19. Inflammation extending down the neck; both eyes closed; a collection of matter in the left eyelid; pulse full; skin very hot and dry; bowels regular. To take a grain of *Calomel* with a quarter of a grain of *Opium* every six hours. Continue the mixture.

20. No better. Abscess of eyelid broken.

21. Worse. Bowels constipated. House medicine till the bowels are freely acted on. Continue the pill and mixture.

22. Bowels well opened; much better since he has been under the influence of mercury; redness disappearing. Continue the medicine.

24. Can open both eyes; bowels relaxed; pulse soft and not so quick; skin moist. Continue the medicine.

26. Complains of great debility; face much better. Continue the medicine twice a day.

27. Much better. The mixture and pill to be discontinued, and the decoction of *Bark*, with *Carbonate of Soda*, taken three times a day.—Since well.

INJURY TO THE LEG AND FOOT.

Catharine Donovan, an Irishwoman of spare habit, aged 74, admitted into Mary's Ward, 12th July, under the care of Mr. ANDREWS, having been pushed under the wheel of a dray, which fractured the tibia and fibula about three inches below the knee, and caused contusion of the foot, with compound fracture of the first and second toes. Countenance extremely pale; pulse very weak; extremities cold. Ordered 30 drops of tincture of opium immediately; half a pint of wine during the day. A fracture board to the leg; the toes dressed. Full diet.

13. Restless at night; tongue dry and brown; skin hot; but extremities cold; great pain and swelling of foot and knees. Continue as before.

15. Bowels unmoved; less fever; leg straight, and swelling of foot diminished. Continue the wine and diet.

16. Improved; sleeps better; wounds healing. A pint of *wine* daily. Bowels confined, but cleared by an enema.

18. Much the same; appetite bad; the leg and foot were examined to-day, when a large vesicle, containing a dark-coloured fluid, was observed on the dorsum of the foot. Splints re-applied. Decoction of bark three times a day. Continue the wine.

21. Knee better; the integuments on the dorsum of the foot in a state of gangrene; great discharge of matter, apparently from the sheath of the tendons of the peronei muscles; countenance pallid; pulse frequent and small; not the least appetite. Four ounces of *Brandy* daily. Continue the wine, decoction, and diet.

24. Slough separating, profuse discharge. She is greatly exhausted. To be dressed every day, care taken to press the matter well out. Continue.

27. Rather better. Continue stimulants, &c.

30. Improving; slough separated; surface of sore healthy. Continue.

Aug. 19. With a slight retrograde on the 9th, she has been gradually improving to this time. The knee has been quite well some days; the bones are perfectly united; the sore now looks healthy, and

is much diminished in size, and she is so well, that no more need be said about her.

ABSCESS—SLOUGHING OF THE LEG—DEATH.

Elizabeth Field, ætat. 60, widow, admitted into Sophia's Ward, under the care of Mr. ANDREWS, on the 22nd of August, observed, six weeks ago, a hard swelling at the back part of the leg, which gradually enlarged, until it had attained an enormous size, when it broke, and gave issue to an immense quantity of matter. Her health, previous to this, had been exceedingly good. On her admission she appeared extremely low and emaciated, from the constant discharge of pus. There is sloughing of the integuments at the back part of the leg, and of the muscles of the calf. A portion of the tendo Achillis has been removed. Mr. HAMILTON ordered her to take a pint of wine during the day, with full diet, and strong broth and beef-tea. Also *Sulphate of Quinine*, three grains, three times a day. The *Chloride of Lime* lotion to be applied to the leg.

24. Her health appears much the same. There is less discharge from the leg, which assumes a more healthy aspect. The remaining portion of the sloughing tendon has separated. Continue as before.

25. Not so well; appetite bad; pulse 70, and weak. The quinine to be discontinued. The *Decoction* and *Tincture of Bark*, with *Carbonate of Soda*, to be given three times a day. Continue the lotion, wine, diet, &c.

27. Has had purging, with nausea, and slight vomiting. The surface of the sore looks well. Ordered to continue the lotion and diet. To take the *Chalk Mixture*, with *Aromatic Confection* and *Tincture of Opium*, ten drops after each liquid motion. Half a pint of *Wine*, and eight ounces of *Brandy*, daily.

28. The bowels not so much relaxed; the sickness continues unabated; pulse 80; tongue white. To continue the remedies.

29. The sickness continues; slight pain at the pit of the stomach; the bowels have been opened three times during the night; pulse quick; no appetite. Mr. HAMILTON ordered her to take the saline effervescing mixture, with ten drops of the *Tincture of Opium* every four hours. The wine and brandy repeated.

30. Much worse; evidently sinking; pulse scarcely to be felt. She gradually became worse during the night, and died on Saturday at about five o'clock.

DISGUSTING PROFITS ON BODIES FOR DISSECTION.

To the Editor of THE LANCET.

SIR,—As the season is now approaching in which many gentlemen will be called upon to exercise their judgment in the choice of a school of professional education, I have deemed it my duty to make some observations which may be of importance to them, and particularly to those whose choice may fall upon the London Hospital. I think it will be admitted that the expense attendant upon dissection forms no mean share of the charges incurred by students during their winter studies, and on that account I wish to draw their attention to the system lately adopted at the above-mentioned establishment, in the hope of correcting an abuse, the effect of which has been to curtail an expenditure on the pupils, which ought to devolve entirely on the lecturers themselves. It is well known to all who have been connected with the London Hospital during the last session, that numerous subjects were received into the rooms which the pupils refused to dissect, from the knowledge that more was required for the bodies than would compensate the lecturers for their outlay on account of those bodies, as it was ascertained that the majority of it was merely to defray the gratuities of the anatomical, surgical, and parish, beadles, the only incumbent expenses of one of the parishes being the fees of the persons employed in conveying the subjects to and from the hospital, viz. eight shillings, and the burial fees, amounting to about seven shillings each body. Yet at that time a considerable number of bodies were sent to the Borough Schools at four guineas each, which subjects the pupils of the London Hospital School refused to dissect, on account of the inequality between the actual expenses and the charges made. I would also ask, whether one farthing was ever expended by the lecturers for the subjects obtained from the hospital itself. The funerals were conducted at the hospital expense, as usual; yet the same sum was demanded for such bodies as for others. I admit, that in a few instances the expenses were greater than is customary, as when the lecturers were likely to be delayed in their course from want of subjects; but as this was exclusively their own point of consideration, surely the pupils have no right to make up, by compliance with heavy exactions, for expenses which belong entirely to the lecturers themselves.

I must not omit to remark, that the opportunities which this school affords both

for dissection and the other branches of medical education, are not to be surpassed; but at the same time I hope that the present communication will have the effect of putting pupils on their guard, to prevent any impositions being practised on them after they have entered to the school. I am, Sir, yours very respectfully,

φιλαδελφιος.

London Hospital, Sept. 1, 1833.*

WESTMINSTER HOSPITAL.

LARYNGITIS. — PROPOSAL OF TRACHEOTOMY—ERYSIPELAS—PHLEGMONADES.

Elizabeth Bennett, ætat. 28, admitted into Queen's Ward, under Dr. G. H. Roe, the 17th July, 1833, with *laryngitis chronica*, from which she was represented to have suffered for two months. On admission she had great anxiety of countenance, the breathing was loud and embarrassed, and occasionally amounted to orthopnœa, the voice hoarse and indistinct. She had a frequent cough, which resembled the bark of a dog, and was attended with expectoration of a frothy sanguinolent mucus, dotted with pus. She had acute pain in the larynx, and when the ear was applied to it, a sound was heard like that of a column of air passing through gauze-web. The same sound became much louder when the stethoscope was applied. The case, as noted at the time, was as follows:—The respiration is loud over the whole anterior as well as posterior aspect of the right half of the thorax. On the left side the respiratory murmur is generally less loud, and it is quite inaudible in the superior-anterior thoracic region of the same side, scarcely distinguishable in the axilla, but more marked in the inferior lateral regions.

On the posterior surface of the thorax, on both sides, a râle sonore is more or less distinguishable, but most so on the right side. In the supra-scapular region of that side also, there is considerable resonance on coughing. On the same thoracic hemisphere, percussion elicits the best responses. Where the respiratory murmur is indistinct, the percussion also is dull. In the right subclavicular and supra-scapular regions, the stethoscope indicates a degree of resonance nearly amounting to pectoriloquy. There is pain on the left side of the chest on a full inspiration. The tongue is relaxed, tremulous, and furred; bowels open; appetite wanting; pulse 120, tremulous. She formerly had some symptoms of phthisis pulmonalis, such as short cough, night sweatings, &c., but these had disappeared, about two months, or perhaps a little longer, before applying at the hospital. She had received a squeeze in the throat, after which she felt pain for three days. It then increased, and she was induced to apply for medical advice. Her advisers referred the pain to hysteric spasm. After this accident she caught cold, by which her chest and voice were affected. She was treated with remedies topical and general, and the inflammation apparently assumed a subacute character. Two or three days before coming in, the disease became more active, and induced her to have recourse to the shelter of the hospital. She was bled from the arm to 20 ounces; twenty leeches were applied to the larynx, and afterwards an epispastic, and the following mixture was given every four hours. Take of

Tincture of Squills, two drachms;
Wine of Ipecacuanha three drachms;
Solution of Acetate of Ammonia two oz.;
Camphor Julep 7½ oz. Mix, and take an ounce for a dose.*

Calomel and *Aperients* were also exhibited.

It was proposed by the physician to Mr. Guthrie, that the trachea should be opened to relieve the urgent dyspnœa which threatened suffocation; but Mr. Guthrie demurred, thinking the case unfavourable, from the great constitutional disturbance.

July 30. The patient was seen by Mr. Guthrie to-day. He congratulated himself upon having declined to perform tracheotomy, the patient having improved by the merely medical treatment. "If the patient had died," said he, "the death would have been ascribed to the operation; and if she had gone on well, as she seemingly has done, the cure, with equal injustice, would have been referred to it also." The distress of countenance and the dyspnœa are almost entirely gone. She is cheerful. The noise of breathing through the larynx is much less loud, presenting, however, in a less degree, the same peculiarity of sound. The respiratory murmur is less loud on the right side, and more evident under the pectoral muscle of the left side, than it was. The pulse is soft, 76; the bowels are open; tongue clean; skin moist, and of genial temperature.

Aug. 6. The patient has made great progress towards convalescence. The re-

* Perhaps the lecturers of the London Hospital will state why they pay the surgical beadle out of their anatomical funds.—φιλ.

* This (omitting the tinct. scillæ) is the mixture known under the name of "Mistura diaphoretica Equitis Tuthill."

spiration now affords nearly the same stethoscopic indications on both sides, except in the subclavicular region, where a resonance of voice and a cavernous respiration are still distinguishable, and afford suspicions of the existence of a vomica. She has no fever, and feels a desire for food, which is allowed to her with great precaution. There is still a certain huskiness of voice.

20. Has had an attack of erysipelas on the thenal and ulnar aspects of the left arm. Fomentations, poultices, and purgatives, were the therapeutic means employed. This attack induced considerable general disturbance, which aggravated the local malady. It has, however, ultimately succumbed, leaving two apostemata in a state of forwardness, one upon the axillary margin of the great pectoral muscle, and the other over the belly of the biceps flexor cubiti. The following is a portraiture of her present condition:—Person emaciated, countenance tranquil, muscular power much reduced, and every effort attended with trepidation; respiratory functions quietly performed; a full expansion of thorax gives no uneasiness; there is a slight cough, which produces a wheezing noise in the larynx; she sleeps tolerably well; the tongue is clean and flabby; bowels confined, which is their general habit; pulse 90, soft, and feeble. She is placed on boiled mutton, potatoes, and bread, and evinces some appetite and power of digestion.

PERITONITIS POST PARTUM—DR. ARMSTRONG'S TREATMENT OF PUERPERAL HYSTERITIS.

In Queen's Ward is a poor woman named Elizabeth Vaughan, in articulo mortis. She is *thirty* years of age, and has had four living children. She was brought to bed in the early part of July, and the labour was, in all respects, natural. A few days afterwards puerperal fever occurred, and, on the 16th of July last, she was admitted into this hospital under Dr. JOHN BRIGHT, *Socius*, Col. Reg. Med. Lond. Soon after coming in she was phlebotomised to fourteen ounces; thirty leeches were applied to the abdomen; the bowels were treated with castor oil. Next day a blister was applied to the chest, with a dozen more leeches to the abdomen, and a pill of a grain of calomel and a quarter of a grain of opium, exhibited every three hours. This treatment was continued without any very decided benefit. The inflammation went smouldering on, and the energies of the patient were gradually worn out with excess of irritability. Diarrhœa supervened a few days since, and various astringents, absorbents, cordials, opiates, &c., have been resorted to without effect. This day, 20th of August, she lies on her back in bed, pallid and emaciated. The countenance cadaverous; eyes sunken in the orbits, and covered with a dark halo occasionally; the lids open, as if with an effort at intelligence, when the eyeballs are seen to roll with a stupefied expression, and the pupils to be unequally contracted. When thus raised, she almost invariably emits a distressing cry. The gums, lips, and tongue, are coated with a black dry sordes. The respiration is slow, and occasionally suspicious. The skin is dry, and pungently hot. Pulse 138, quick, and very feeble. The stools are aqueous and graveolent, and the *ensemble* of the symptoms affords too sure indication that the tide of life is fast receding to its lowest ebb. There is no affection which requires more energy and promptitude in its treatment than puerperal inflammation of the womb. Whilst the attendant is deliberating, the patient is dying. The late Dr. ARMSTRONG used to bleed *ad deliquium*, and then administer a large dose of opium. If, after recovering from the syncope, the patient's pulse proved not completely subdued, the venesection was repeated to a second deliquium, and then the opium, generally in the solid form, was exhibited. This treatment was found to be full of risk, from the danger of proceeding beyond the water-mark of safety, but, on the average, the Doctor was more successful than his contemporaries. Large doses of spirit of turpentine have been found of unequivocal benefit. Temporising will not do, every surgeon must attack the disease *suo sibi gladio*. If he hesitate, the enemy, like a second Brennus, will overturn his calculations by throwing a belt into the scales.

BURNS. OPINIONS OF THOMSON, COOPER, ABERNETHY, BELLOSTI, AND KENTISH.

This week two cases of burn were admitted under Sir A. CARLISLE. Mary Ann Davies, a child about ten years of age; she presented altogether a horrid picture, and every degree of combustion was exhibited in her person. The head, trunk, and limbs, were severely burnt. The face was covered with blisters. The epidermis was generally removed. In many parts the integuments were burnt through, and the muscles scorched, in other parts the muscles exfoliated from the bones. When brought in, the child was in a state of lethargy. Wine and stimulants were resorted to, more in obedience to established routine than from any hope that the

patient's constitution could repair such overwhelming evils. The insensibility continued till death, which occurred in a few hours.

The second patient was Mary Thomson, a child also. In this instance the face was considerably injured, and the body and limbs in various parts, and to various extent; there was extensive abrasion of surface as well as invasion of the deep-seated parts. In a day or two severe pneumonia occurred in this case, and in spite of all remedies, nature succumbed, and the patient died. The topical applications employed were the turpentine stimulants recommended by Dr. KENTISH. This is the system generally adopted in this hospital, and recommended by the surgeons, but especially by Mr. LYNN, as at once the most philosophical, the most simple, and the most useful. The strength of the particular topic is made to vary according to the constitution of the patient, the nature of the part, and the extent of the injury. The principle of Dr. KENTISH is exactly the same as that adopted by Dr. O'HALLORAN, Mr. GUTHRIE, and other surgeons, in the treatment of certain diseases of the eye. The inflammation consequent upon burns, like that manifested in certain kinds of ophthalmia, is of a specific kind, and not to be overcome by any direct antiphlogistic process; the object of the surgeon then, by the application of stimulants, is to substitute a simple inflammatory action, which is amenable to common remedies, for the morbid state which it is their object to remove. The use of the turpentine and the basilicon unguent, has been attended with the most beneficial results in the practice of this hospital. This system of stimulation has been associated with Dr. KENTISH's name in consequence of the great vogue which his publication has given to the plan. This gentleman practised in a district where mines are numerous, and accidents from fires frequent. He had, therefore, unrivalled opportunities of comparing the efficacy of remedies. Mr. LYNN was acquainted with Dr. KENTISH, and thinking highly of this mode of treatment, was the chief means of introducing it into this establishment. It is a fact, that in all the mining provinces this plan is adopted with success as a primary applicant, whether the degree of mischief be such as to point to resolution, suppuration, or sphacelus, as a result. Messrs. SUTTON, HUMPHREYS, and BURD, of the Salop Infirmary,* invariably have recourse to it.

It is remarkable that Dr. THOMSON of Edinburgh, and Mr. SAMUEL COOPER, agree in condemning this method of *burning the burn*. "Nature," say they, "in "these cases needs little assistance from "art; and whatever degree of credit prac-"titioners may take to themselves for the "spontaneous results which occur under "different modes of treatment, the cure "in reality ought to be ascribed to nature. "As for the linimentum terebenthinæ em-"ployed in the manner which Dr. KEN-"TISH directs, it is used only just at first "while it can do no harm, that is to say, "whilst it cannot touch or irritate any raw "or ulcerated surface, and then the applica-"tions are gradually altered to a milder "description." It is plain that neither of these writers can have had much experience in these occasionally frightful accidents, otherwise they must have witnessed the signal relief afforded to the patient as soon as the action of the turpentine had commenced; whilst they must have observed others treated according to the emollient plan, writhing for hours in unalleviated anguish. We have, however, a much higher authority than either of these writers, for the eligibility of this mode, in Mr. ABERNETHY, who, in his lectures (vide LANCET, vol. vi. No. 8), speaks as follows:—"I can speak from experience and say, that the mode which I have now mentioned of treating scalds (and burns), is a successful method, if properly managed. We have had a great many such injuries in this hospital; and since this plan has been pursued, they have generally done very well. There were a great many cases of burns and scalds brought in last winter (1824-25), and there was not one of them but did well. The great point to be attended to is to leave off your stimulating applications when the parts have recovered their equilibrium of susceptibility; to leave off your internal stimulants at the same time. I have many times, in going round the hospital, asked the patients, How long has it been before you felt ease in the part after you had been dressed? and the answer generally is, In about ten minutes or a quarter of an hour, Sir. Well, supposing it required fifteen or twenty minutes, what of that? I know that it requires a much longer time to procure ease by the cold applications. I have known patients brought in two days after they had been scalded; they had used cold applications, but the fire was not out of the part, as they say; but by using this stimulating application alone for about fifteen minutes, the pain has been removed." For slight cases, where no solution of continuity exists, Mr. LYNN frequently powders the part with flour. Sir ANTHONY observed on this

* A mining county.

case, "That wheresoever the burn was so severe as to render null all hope of recovery, the patient's sensibility was happily diminished or suspended by a comatose trance, or lethargy, a wise and benevolent provision of nature." It was remarked by a visitor, that M. BELLOSTE, surgeon-general to Louis XIV., employed in severe burns a paste composed of camphor and yolk of egg; and that HEISTER was in the habit of employing *ol. terebinthinæ* as a primary application in these cases; facts showing an acquaintance with the principles of Dr. KENTISH by the surgeons of the last century.

STONE.—Aug. 31. James Musgrave, whose case (stone in the bladder) was related in No. 522 of THE LANCET, went down into the country to visit his friends. Whilst there he caught cold, and died of inflammation of the lungs. It will be recollected that he had a strumous constitution, and had consumptive diathesis.

ACCOMMODATING CHARACTER OF NATURE.—Farmer, whose history is given at length in No. 516 of THE LANCET, is now convalescent. He was seen by Mr. WHITE, August 24th, who observed, "That the accommodating power of nature was wonderful. I certainly did not allow in this case sufficient muscle and integument to form a good cushion for the stumps; but the parts have arranged themselves so happily, that I have never seen a better cicatrix than this."

Aug. 31. Farmer's health is perfectly restored.

VALVULAR INCISION.—Snewing, whose case is also related in No. 519 of this journal, has improved rapidly since the operation on his lumbar abscess by the valvular incision. His colour, his appetite, and his strength, have wonderfully improved. The pus discharged is good, and amounts to scarcely two ounces daily. He is allowed to take gentle exercise, and porter and excellent diet.

STONE.—Sept. 2, 1833. The boy George, who was operated upon for stone by Mr. WILLIAM LYNN, was made an out-patient some weeks since. He has completely recovered. In the account of the operation (vide LANCET, No. 515) it is stated, that "the cutting and extraction occupied about three minutes." This is correct, but the patient was nineteen minutes on the operation table, owing to a difficulty which occurred before Mr. Finch's assistance was afforded in passing the catheter, and also to the time occupied in plugging the wound.

BOOKS, &c.

(From Mr. Robert J. Kane.) Report on the Alterations necessary in the Act of 1791, made to the General Council of Apothecaries Bill by the Parliamentary Committee. Dublin.

The Morbid Anatomy of some of the most important Parts of the Human Body. By Matthew Baillie, M.D. The eighth edition.

A short Treatise on the Operation of Cupping. By Monson Hills, Cupper to Guy's Hospital.

The Nature and Treatment of the Epidemic Cholera. By Robert Venables, A.M. Second edition.

A Synopsis of Systematic Botany, as connected with the Plants admitted into the Pharmacopeias of London, Edinburgh, and Dublin, with a Planisphere, showing at one View the Class and Order of the Medical Genera, according to Linnæus and Jussieu. By Thomas Castle, M.R.C.S., &c.

NOTICE.—The next No. of THE LANCET will close the volumes for the present year. Consequently No. I. of the volumes for 1833-34, will be published on Saturday the 28th inst. We think it right to remark, that that Number will contain much information which will be useful to medical students.

QUERY.—A correspondent asks, "Whether medical men in practice in London may attend Mr. Guthrie's Eye Infirmary gratuitously; and if not, what is the fee required, say for six months. Sept. 10th."—Mr. Guthrie will probably answer this question. Ed. LANCET.

R. F. LOCKELY is the only apothecary who was invited there. He is Sir Henry's first fiddle. The two have long played duets together to a nice tune.

We understand that there has been a "row" behind the scenes at St. Thomas's Hospital in the Borough. If the particulars should be worth recording, we will give them.

A Naval Surgeon next week.—So also the letter respecting the Ophthalmic Infirmary brushes.—*Mr. Caldwell's* purpose shall be mentioned in the next No. but one.—Received *Mr. Hastings'* article.—*A constant Reader who has not*, &c. There is no preliminary examination. The amount of knowledge &c. may be stated to be a knowledge of the profession generally. The session commences there at the beginning of November. A three years' residence is required. The present superiority consists in the clinical instruction at the Royal Infirmary. The fees at the London institution are rather higher than those at the north.—*A Licentiate of Glasgow* is wrong. Many letters have been published by us on those monopolies. The next Session of Parliament will most probably settle their business.

We have received controversial papers from *Mr. Gregory*, *Mr. Hateman*, *Mr. T. Wailer*, and *Dr. Grass (or Cranf)*, all on the same subject, and each of them possessing merits which would induce us to publish it; but this step would require a space many times greater than the article which has elicited them. Unable with justice to give a preference to either, we are compelled, under these circumstances, to offer to restore the communications again to our correspondents.